SURVEY MIDMONTHLY

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A dozen years ago, the theme of Raymond Hilliard's article—attacking dependency at its source—would have meant, to almost everyone, ways and means of providing more jobs. Since 1940, the shoe has been on the other foot—jobs have been seeking men. But relief costs still run high, and no small part of the public clamor about them is due to the assumption that dependency no longer should be with us.

From a well documented study of the greatest single cause of dependency in Illinois—chronic invalidism—Mr. Hilliard gives convincing answers to such questions, marking a new trend in public welfare by showing how intelligent planning can prevent and control some of the steady rise in residual assistance needs.

In Tribute

The name of Howard Knight, the late general secretary of the National Conference of Social Work, who was known and loved by social workers the world over, heads the lead article in this issue of *Survey Midmonthly*. (See page 299.)

Here, against the colorful background of the August meetings held at The Hague to plan the first postwar meeting of the International Conference of Social Work, a firsthand account of Mr. Knight's last fine contribution to social work is given by Paul Kellogg, *Survey's* editor-in-chief.

RSF: 1907-1946

Over $9,000,000 has been contributed to 119 agencies in the form of grants in the forty-year period, 1907-1946, reports the September Russell Sage Foundation Bulletin, in a preview of a two-volume Foundation history to be published later this fall. These grants totaled less than half its total expenditures—about $21,000,000. In recent years the tendency has been toward reduction of the grant program and emphasis on its own research and service. Since 1932, only nineteen new grantees have been added to the list. For the immediate future it has been decided that no new additions will be made.

STOCK TAKING

Too often, it seems to us, "good movements" suddenly sweep the country and as suddenly die out without objective stock taking of just how "good" they really were. Robert B. Rutherford this month helps save the veteran information centers from such a fate by checking the notions of those advocating their permanent utility for civilians, against experiences of the Boston Center.

Although facts fail to substantiate some of the arguments put forward, he concludes, in large cities, centers properly staffed would have real value in eliminating client "run around." (See page 302.)

WELCOME

Welcome to volume I, number 1, of *Trustee,* new journal of the American Hospital Association, written and published exclusively for members of hospital governing boards. This is a time, it says with engaging frankness, "when the informed judgment of governing board members is needed more than ever, for the voluntary hospital's environment is undergoing a change that creates some new problems. . . . the hospital must somehow swell the flow of incoming dollars. Here is something that an administrator cannot do alone. He needs the backing of well-informed board members."

PAY BUSINESS

Degree to which medical social casework is reaching private pay patients in general hospitals is revealed in results of a study reported in the September *Bulletin* of the American Association of Medical Social Workers. Of 14,670 hospital patients referred to sixty-three social service departments, 40 percent were either paying their doctor directly or covered by insurance and medical benefit plans. Of this group, 56 percent were referred for casework help in carrying out the medical recommendations, 41 percent for help with personal or emotional problems, 5 percent for help in using community resources not directly related to the medical recommendation.

RETIREMENT

By adopting retirement plans for their state employes, North Dakota and Texas brought the number of states with such plans up to thirty-two. . . . At the end of its first two years of operations 18,000 employes and 1,700 organizations were participating in the National Health and Welfare Retirement Association. (See "Second Birthday," by Milton H. Glover, page 304.)

HOPEFUL

"State government is just on the threshold of a period of great advancement and achievement," James C. Nance, president *pro tempore* of the Oklahoma senate, told representatives

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at the southern regional conference of the Council of State Governments.

"Some legislators retire from legislative service embittered and frustrated by their experiences and convinced that there is no hope for the future of representative government. But my experience has convinced me that we are making progress."

MAJOR ISSUE

Major issue in a candid off-the-record discussion at the National Recreation Congress last month was overdevelopment of public recreation service by state and federal government. Last of the great fields of health and welfare to face the need for state and national planning, ferment of new issues is giving rise to much healthy controversy. (See page 319.)

TOO MANY

There are more than 155,000 units of local government in the United States, according to a recent study of state-local relationships just published by the Council of State Governments. Changes in structure should have as their goals: (a) the establishment of one local government per one local area; (b) local governments large enough in terms of population to permit effective public service at low cost and wealthy enough to support a substantial proportion of those services; (c) governments that cover an entire integrated community.

CRIME DOESN'T PAY

Police in 358 cities had reported to them 44,616 stolen cars in the six-month period—January-June, 1947, according to the semiannual report of the FBI. Of these, 94.7 percent were recovered.

GET UP!

What weary social worker, caught between boards, budgets, clients, and his own frail conscience, has not somewhere, sometime, thought that surcease might come just by putting himself to bed and staying there. Don't do it!

Bed rest and immobilization lasting more than ten days result "in rather serious effects" on metabolic and physiological functions, according to tests on normal human beings, carried out at the New York Hospital Medical College and the Russell Sage Institute of Pathology.

SAD

How tragically ill-fitted for modern life are the male students of one American state university was revealed to us recently. Fifty percent had no intestinal fortitude whatsoever. They couldn't even make a hard abdominal wall to resist the fist punched into it by the examiner. Moreover, 46 percent are destined to failure as commuters. They couldn't run a mile in seven minutes.

END

Announcement that United Seamen's Service will discontinue all domestic operations by the end of the year, because of lack of financial support, is another reminder of the rapidity with which dramatic wartime services have faded into the postwar background. Eleven of the twenty facilities now in operation in overseas ports will be maintained for the first six months of 1948. Second only to USO (which also will be largely discontinued by the first of the year) in contributions from the National War Fund, USS spent $25,000,000 during the five years of its existence.

Please forward

Word comes from Brandley Buell that Community Surveys, Inc., has set up business for its new research project (see *Survey Midmonthly*, October 1947, page 284) at 58 Park Avenue, New York 1.

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G.S.—Howard R. Knight—S.G.

His last creative strokes for social work were at Scheveningen—in breaking ground for conferences next spring at Atlantic City—national and international

PAUL KELLOGG

G.S. stands for those twenty-one years throughout which Howard R. Knight gave his level best as *General Secretary* of our National Conference of Social Work. Transposed, S.G. signifies his postwar designation as *Secrétaire Général* in rehabilitating the *Conférences Internationales du Service Social*. Together they register a span of extraordinary service rendered by an American to his times and to a rapidly developing profession here and abroad. This dual service was cut short in his late fifties by a fatal heart attack October 7, soon after his return from Europe.

Those initials meant more to Howard Knight than his academic degrees or any later honors. They were surely a practical variant at the Special Delegate Meeting in mid-September of the International Conference of Social Work, held at Scheveningen, the famous seaside resort hard by The Hague.

Witness H.R.H. Princess Juliana (since Regent), honorary president and a conference attendant. Also, His Excellency Dr. J. M. Beel, Prime Minister of the Netherlands, who headed an Honorary Committee. This last included three members of the cabinet (Foreign Affairs, Justice, and Social Affairs); His Britannic Majesty's Ambassador, Sir Nevile Bland, as dean of the diplomatic corps; the provincial governor of South Holland, the burgomaster of The Hague and others. More, there was a National Committee which ran the gamut of social activities, public and private, civil and religious, under the chairmanship of Baron Dr. A. J. A. A. van Heemstra, who was an impressive participant throughout. Dutch hospitality ran true to form from first to last.

Rene Sand

There were other distinctions among the delegates which were rooted in valor, initiative, and endurance during ordeals through which Holland and much of Western Europe had gone.

Dr. René Sand of Brussels was in the chair. He is remembered by many American social workers not only for his gift of tongues but for his rare prowess as president of the last prewar International Conference of Social Work in London in the mid-Thirties. Earlier, he was known to many more as executive of the League of Red Cross Societies following World War I. We all rose to his tawny hair, red cheeks, and gorgeous smile in those days, his erect carriage and stirring play of mind which made him an engaging visitor to the world's capitals. Today his mind is crystal clear but his shock of hair is white, and his shoulders bear trace of the strains he and his fellows experienced during the Nazi conquests.

Minister of Health in the prewar Belgian cabinet, professor of Social Medicine at the University of Brussels, he had found haven there during the Occupation to complete his illuminating book on a field he pioneered.

Once Allied armies had reached the French border after D-Day, he thought it safe to return to his sorely beset household. So did his son-in-law, Dr. Paul Cornil, who had been head of the Belgian penal system. Both were forthwith captured and spent the remaining months of the war as hostages in a Nazi prison in Germany. Their fellow inmates were French cabinet ministers and high staff officers. An American army brought deliverance.

Others of His Kind

There was good augury for the new common front of the Low Countries in Dr. Sand's team work with Dr. H. M. L. H. Sark of the Netherlands, assistant secretary general for Europe of the International Conference of Social Work, who organized the program at Scheveningen. Dr. Sark is up to his elbows in social and civil activities at The Hague. His family knew only too well the prong points of the Occupation and he especially endeared himself to those Americans who visited Leyden, refuge of the Pilgrims under the lead of the Reverend John Robinson, who saw them off to the New World in 1620.* True to the ancient spirit of the place, Leyden's mayor took a courageous stand against the Nazis, and it was Dr. Sark who spirited him off to hiding.

The executives of the Dutch Red Cross had also been victims. Its chief all but lost his life on a Nazi prison ship in northern waters. His associate served a long term in the city prison under the Occupation, only to have the tables turned when she herself became its warden after the liberation. One of the younger Dutch women active at Scheveningen had served time in a Japanese prison camp in the East Indies. Another, a prewar member of the staff of the national Department of Social Affairs, had been imprisoned in Holland for harboring Jewish and other refugees. She is now carrying forward a sensitive sifting out program among juvenile collaborators, through a self-governing camp and probation in fresh communities.

There were delegates from liberated Finland, Czechoslovakia, France, Belgium; also Kerstin Hesselgren, pioneer woman factory inspector of Sweden and long time member of parliament. There was a strong contingent from bombed but unvanquished Britain under George E. Haynes, executive of its National Council of Social Service, and A. W. Oyler, chairman of its over-all organization of youth agencies. There were American social workers such as W. F. Froistad and Sharon L. Hatch from Amgus, Margaret Day of the "YW" in the U. S. Zone; Miss Bradford, of the Canadian Northwest, and Michael Shapiro (formerly UNRRA in Italy), both now with the Preparatory Commission, IRO, at Geneva; and Melvin A. Glasser, overseas director of the American Red Cross.

The Knights' Mission

Not the least among those who had given their uttermost were the Howard Knights—for they had lost two flyer sons, first one, then the other, in

* His kin were to come later. For a clue see our masthead!

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the course of World War II. This prompts me to go outside the framework of a conference report and tell how they had come early to Scheveningen to meet an intimate rendezvous that sprang from their sore wartime loss. This had nothing to do with grievance or hate or the things that set peoples against peoples.

Rather, it had roots in a friendship that went back to one of the first International Conferences of Social Work. There Mr. Knight had come upon a young German whose eagerness to see America and learn our ways struck his imagination. Thereafter an invitation reached her from Mrs. Knight to visit them in Ohio.

Quite a bit older than their children—the two boys and a girl—she became a member of the household and their childhood memories were woven round her. As a university center, Columbus offered opportunities for her own training. (This was all very much of a piece with the Knights' bent for beginning social work at home.)

The time came for her return to Germany, as her parents were getting along in years. After that, letters went back and forth, hers telling of work and happiness, of her marriage, and of children of her own. Later her letters were shadowed by black clouds over Germany; and then one came that told starkly of tragedy—the young husband killed by the Nazis. After that the letters told of the fight she was putting up to make a living for them all. Her father had a small business which now took her where things were not safe. Then no letters: the war was on.

The Rendezvous

Came VE-Day and at long last word reached her that Mr. and Mrs. Knight would soon be in Holland. Straightway she wrote of her eagerness to try to meet them at the border. The place it might be. The day.

That was the date that Mr. and Mrs. Howard R. Knight of Columbus, Ohio, set out to keep just before the conference at Scheveningen. They took a train—whither bound they did not tell me. It stopped at a village before reaching the border. They just stayed on and got out at the next stop—in Occupied Germany. Guards challenged them and brought them before an officer. They had their passports but no precious entry permits.

Now those of us who have seen Howard Knight encountering milling conference delegates and pouring oil on troubled waters can guess what came over that official. Moreover, Pauline Knight is utterly convincing in her own right. True they had broken every rule of Occupied Germany, of the zonal system, and of sentry duty from the beginning of time.

The officer of the day took a chance. Obviously they were not the kind of people to be locked up; so he simply asked them over to his own apartment and made them feel at home. Next he looked for the young mother they spoke of; found her, sure enough, and brought her to them. (It is best that she remain nameless.) And there in his apartment they had two or three hours together. There were old times with the Knight boys to live over; the tragedies all three had faced, the tug of an abiding friendship. But however much she might yearn for life again as, thanks to them, she had known it out in Ohio, that was not for her to go back to now. She could leave neither old folks nor children.

Moreover, her people were Germans. And a new generation of Germans must, she felt, make a better stab at life and liberty and human feeling. Above all, they would need young people who cared for these things. There were four such she hoped might count as they grew up. Her four. After all, they summed up her chance to count herself.

The afternoon was slipping by when the officer came back to his apartment with members of his staff and all had tea together. They marveled at how a young woman could have beaten her way across Germany alone. Zigzagging first on one local train and then another, was the least of her obstacles. Their appreciation gave a fillip to her spirits in setting off on the home trek—and the Knights themselves had much to cherish as they boarded their own train for Holland that evening.

Relief and Reconstruction

With 130 delegates from eighteen countries in Europe and the Americas—and half as many more participants and observers—there was a natural division of labor at Scheveningen. Thus, on the one hand, at the opening session on Monday, it was Mr. Knight's part to spell out a new constitution for the international; and, at Friday's plenary session, to train everybody's sights on its first full-fledged postwar conference at Atlantic City, where this will come up for decision.

On the other hand, *Relief and Reconstruction* was the theme of this fall's meeting and Dr. Sark opened with a résumé of reports from eight countries. Others reported verbally at a plenary session on Thursday, or at earlier committee meetings on four urgent social problems in the war stricken countries. Themes and chairmen follow: *Health*—Professor J. Parisot, France; *National Assistance*—B. E. Astbury, Great Britain; *Housing*—Jonkheer J. de Ranitz, Netherlands; *Psychological Problems*—Dr. F. R. Humbert, Switzerland.

Meanwhile, Wednesday was given over to field work which afforded "closeups" in terms of Holland. The choice lay between bus trips (a) to Utrecht and Gelderland; the battlefields of Arnheim and Nijmegen—epitomizing ruin and reconstruction; (b) Wieringemeer and the engineering works on the Zuider Zee; or (c) social institutions at The Hague.

Poland and Sweden had sent in general reports; but Belgium, Czechoslovakia and Finland, Great Britain, the Netherlands and Switzerland had covered each of the categories designated for committee consideration. Dr. Sark's over-all analysis of causes, needs, and relief measures was keen and sensitive, and it is to be hoped he will draft a sequel for Atlantic City on a broader base and brought to date. For, grim as was his canvass, it was shot through with innovations, comparative experience, and long run social engineering. He struck this balance sheet:

More: juvenile delinquency; neurotics with repercussions for the family; mental instability of children; tuberculosis; general diseases; demoralization; matrimonial difficulties; alcoholism; use of narcotics; illigitimate children; infant mortality.

Better relations: between nations; parts of each country; men in all parts of the world.

More: voluntary workers; inspired youths; will to conquer; religious revival; patriotism; good internationalism; cooperation between religious groups.

"Notwithstanding the enormous destruction," Dr. Sark concluded, "the evolution of thought and ideas in the social field has gone on and in several respects we may see progress." It was his judgment that "in well organized countries the relief from abroad should transfer its activities as soon as possible to national organizations." And

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internationally, he urged consideration of "the necessity of establishing a central coordinative body for all voluntary agencies—administrative in peace, operational in wartime, ready for emergency help in every country."

At a later session, the research work of the conference secretariat and its needs were underscored by Dr. Sark. Helen Hall, headworker of Henry Street Settlement, New York, had been a consumer adviser to the American Delegation at the recent Geneva Conference of the Food and Agriculture Organization of the United Nations. Her more immediate plea was for case material from each of the war stricken countries through which social workers might help educate the public in such "surplus" countries as the USA, Australia, and Canada as to the mounting need for food grains throughout drought stricken Europe.

On the basis of a statement by George E. Haynes of the British delegation, a special meeting of delegates from voluntary international organizations canvassed possibilities for a "Clearing House of Information." There had been a more ambitious movement in some quarters to recast the conference itself by creating a governing body made up of representatives of these organizations. Mr. Knight had held out for general membership as the prime base of the conference. My understanding is that a compromise was reached, conserving its independence but opening the executive committee to such representation.

Blueprint for the Future

What then was the living conception of a new International Conference of Social Work, as Mr. Knight outlined it the opening day and led in its consideration at a plenary session?

The task ahead, as he put it, is to reestablish the conference after the devastating shocks of war, as a "strong and useful agency in the field of social welfare the world over"—conserving "the values of the prewar organization which were very great" but adjusting it to a postwar world charged with "increased concern for human welfare."

Following a preliminary meeting last year in Brussels,* he had asked national committees and individual leaders in other countries for suggestions. "The consensus of opinion," he could report, was "that it should be primarily an organization of members both individual and agency—local, national, and international, voluntary and governmental—who are sympathetic with the objectives and activities of this International Conference and who believe in the basic philosophic concepts of social work as we know it today—the sacredness of human personality—the brotherhood of man and the democratic principles of action and organization. A broad base of like-minded members will in time build a strong organization. . . . It should be responsible solely to its members and free of any domination or control by other organizations, voluntary or governmental. It should be non-political, non-governmental, non-secretarian."

The draft constitution he presented was the work of a subcommittee of the U. S. Committee on the International Conference. Specifically this proposed that

—International Conference members in each country shall constitute a National Committee of the Conference . . . ;

—the Permanent Committee [of the Conference] shall consist of two representatives elected by each National Committee, their term of office running from one Conference [through] the next;

—the Permanent Committee shall determine the broad principles to govern the program and activities of the Conference; elect an Executive Committee of 21 members; review and act on reports;

—the Executive Committee shall elect a President, Vice-President, Treasurer, and a Secretary-General as executive officer of the Conference; shall determine its budget, arrange for its financing, prescribe membership fees, locate Conference headquarters and such regional offices as may be required; determine the frequency and place of conferences and establish the necessary machinery;

—to provide for the closest cooperation with other international organizations, a Consultative Council be organized, made up of their representatives.

Facing Ahead

Mr. Knight linked forecast with proposal:

It is quite probable that we shall find that a single international meeting held every four years is not adequate to meet the needs of social workers in these days and . . . can well be supplemented by regional . . . and special meetings. . . . [It] could also stimulate the exchange of workers and students between different countries. . . . It can well . . . stimulate cooperative effort with other, and between other, international social welfare agencies . . . [and] maintain the closest possible working relations with the United Nations, its specialized agencies and particularly the Economic and Social Council in all areas relating to social welfare.

The International Conference of Social Work has now been officially approved as a consultative agency in category "B" by the Economic and Social Council. They are looking to [us] . . . for support and cooperation as they develop their program. It is far more important that we assist them than that [we] . . . develop a program of activities that might duplicate projects or activities which the Economic and Social Council ought to undertake and, in the long run, could do better.

On October 24, in New York City, there was a meeting of the U. S. Committee on the International Conference, to the chairmanship of which Fred K. Hoehler of the Chicago Community and War Fund brings his exceptional overseas experience with UNRRA. This meeting advised Dr. Sand that if he and his associates decide to proceed, American social workers will do all in their power to assure success of the International Conference at Atlantic City next spring; that its sessions should both run concurrently and follow, rather than precede, those of our own National Conference, and that Joseph P. Anderson, executive secretary of the American Association of Social Workers should, if Dr. Sand concurred, be invited to function as acting secretary general.

✦ ✦ ✦

Many were the messages of sympathy and sense of loss that reached Columbus in October from every part of the United States and from the European countries represented at the conference in Holland. This, however, was not wholly a one-way process. Word had gone out not to send flowers to the services. There were neighbors in Columbus who had known the young German woman who had been a member of the Knight household when the boys were small. They had learned that when food no less than fuel was scarce after the war, she had eked out enough to keep one room warm besides the kitchen. And a score of neighborhood children not so fortunate in their own homes gathered in it daily throughout the bitter weather.

So these Ohio friends made up a purse instead of sending flowers for Howard Knight's funeral—and against the coming winter, Mrs. Knight is sending vitamins and other hard-to-get things to the mistress of that warm room somewhere in Germany.

*See "Social Workers in One World," (*Survey Midmonthly*, October, 1946) by Lillie M. Peck, secretary, National Federation of Settlements.

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"Can You Tell Me...?"

Veterans information centers cut the pattern for a new kind of service. Can we fit it to the need of all citizens for a central source of information and direction to help with health and welfare problems?

ROBERT F. RUTHERFORD
Greater Boston Community Council

Two years ago, there were over two thousand veterans service or information centers running full steam in cities all over the country. Veterans thronged to them as the one place they might go for help, or direction to help, with any of the questions or problems they found in making the transition from military to civilian life.

In Boston, we know that our Greater Boston Veterans Service Center served its purpose well. Many other cities feel the same way about theirs. The centers were well publicized, conveniently located, staffed for the most part by sympathetic and understanding personnel. Men were saved trouble and frustration by coming to a central place where information was available. Referrals to many kinds of agencies for many kinds of service eliminated much of the "run around" about which veterans and others so bitterly complained.

The load of veteran applications is now over, and the Boston center discontinued operation last June. But many people have long felt that similar central service, available to all citizens, would make it possible to bring together the people who need service with the agencies that can provide it. Although the problems of the veteran were immediate and pressing, other people in the community, year in and year out, face the same problems of personal adjustment and it has become increasingly apparent—in large cities, particularly—that many have difficulty in finding the agency which can best serve them.

The theory that a permanent information center could help solve the problem has had much to commend it. Individual agencies are scattered all over the city—some conveniently located, some not. A center near the business district, it is anticipated, would attract casual passers-by who would drop in as they do in the stores or the theater. Some people have prejudice against applying to social agencies. It is presumed that this would not be the case with an "information center." On the face of it, one center could be much more easily publicized than several hundred agencies and organizations. Finally, and most important of all, it is expected that a center would decrease the fruitless search for help in the wrong places by providing expert direction to the right places.

It seemed to us that an analysis of the actual experience of our Boston center in handling over 20,000 returned servicemen should throw some light on the validity of these assumptions. Before we closed, therefore, a good deal of relevant data were assembled which may be helpful in future discussions of the permanent applicability of the information center idea. In general, it seems to us that a good case can be made for it, although some of the more superficial arguments were not borne out by our experience.

Convenience

In our case, for example, accessibility alone did not bring in any very large share of the clients. Although the center was located on Boston's main business street, less than 8 percent of those registered were people who happened to be passing by and dropped in because they saw one of the center's large signs. Indeed, the old business axiom that a satisfied customer is the best advertisement held true in this instance. The largest group—about 20 percent of all new clients—came as referrals from friends who had been to the center previously. Many of them traveled a considerable distance to get to our office. Radio publicity plugs and referrals from organizations were among the other more important reasons given by veterans as prompting them to come to the center.

That too much weight cannot be given to the factor of "convenience" is also indicated by the fact that only 40 percent of the veterans applying came from Boston proper. Fifty-eight percent came from the fifty cities and towns in the greater Boston metropolitan area, in many of which there was also a local information center much more accessible than ours in downtown Boston. About 2 percent of our registered clients came from out-

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side the commonwealth of Massachusetts.

This is not to say that geographic availability is of no importance to prospective social agency clients. It probably was a factor contributing to the success of other more direct methods of making the center known and used. But our experience tends to show that clients are influenced, not primarily by a convenient location, but rather by a confidence that they can get some help with their problems.

Centralized Publicity

Conclusions regarding the practical values that would accrue to a permanent center from centralized publicity are difficult to draw from our experience. We did have an intensive advertising program, using all formal media —radio plugs, radio programs, hand-sized referral cards, street car advertising, newspaper stories, and placards. About a third of the clients indicated that they came to the center as a result of hearing about it from one or more of these sources. The most effective media seemed to be the radio plugs, which briefly described some aspects of the center's service, and gave the street address. Street car advertisements were the least effective.

However, all of this publicity was directed at one group—veterans. Returned servicemen and women felt a strong sense of identification with their group, which prepared them for a favorable response to publicity about services that would help them. It is hard to see how a peacetime center could take advantage of similar group identifications, since its principal aim would be to serve as a resource for all, and not for any particular class or type of clients.

But despite the publicity asset of a single group appeal, more men and women came to the center through personal referrals from friends and organizations than as a result of the combined program of formal publicity. We can testify, parenthetically, that it proved no easier to frame a clear, truthful, appealing description of the broad service of the center, than of the less inclusive service of a single operating social agency.

If any conclusion applicable to a permanent center can be drawn from this experience, it is probably that centralized publicity, like a convenient location, helps in creating a general awareness of an available service; but that without the solid corps of clients and organizations whose applications and referrals have been well served, publicity of and by itself would not long account for a steady stream of new registrants.

The evidence is clear, however, that the combined attributes of the center did succeed in attracting a new group of men and women who had not previously been served by social agencies. Several random samplings of the center's load were checked through the Social Service Index. Although 17 percent of the group had Index records showing some past service from social agencies, in many instances the agency contact either had been a long time ago or for rather incidental service. Ten percent, however, were identified as having been assisted by some agency within the eighteen months prior to the veteran's application at the center, and for such substantial services as those rendered by a hospital, family society, psychiatric clinic, Red Cross, and so on.

These sample checks indicate, therefore, that 90 percent of the veterans represented new clients, as far as significant past contact with social agencies is concerned. One cannot be sure that a permanent center would be equally effective in this respect. The whole psychology of the demobilization period encouraged the veteran to step forward and ask for help wherever it was offered. But the very high proportion of new cases does seem to support the assumption that people who would not normally think of applying directly to social agencies will take an intermediate step to an "information" or "service" center.

The "Run Around"

The final argument for a permanent central information and referral service is that it will eliminate the "run around." That is, people will no longer have to go from agency to agency, seeking to find the one equipped with the particular service needed to solve their problems. Our experience shows that a center can eliminate much of this running around—but only if it is properly equipped to do so. A convenient location for the center will not do it, intensive publicity for the center will not do it, cordial working relationships with the service agencies alone will not do it.

Marshall Davis

The crux of the matter is in the capacity of the center's interviewers to discover the registrant's real, rather than merely apparent, needs. On the surface, many initial inquiries from veterans called for only superficial, although accurate, information. But in 20 to 30 percent of the cases, there were other problems—and often more serious ones—not revealed, indeed, sometimes concealed by the initial inquiry. These were the clients who required specialized service from social and other agencies. Many of them, in fact, had been to numerous agencies serving veterans before they came to us. Doubtless these agencies had answered their initial inquiries accurately and satisfactorily. But the fact that they came to the center still seeking help was evidence that other needs remained undiscovered.

The cornerstone of the Boston center's program was a skillful diagnostic interview at the first point of contact with the client. It was in this interview that problems were defined and clarified as the first necessary step toward their solution. Often the results meant not a reduction but an increase in the number of places to which the client was directed to go for special service. But it was our experience that a veteran did not object to being directed to other resources if he felt his problems were clearly understood and the mechanics of referral were well arranged, and if he had confidence that he would receive help when he arrived.

Unfortunately, to many people the term "information center" conjures up the pictures of a booth, with stacks of literature, card files, lists with names, addresses, and telephone numbers, affable attendants with encyclopedic minds. Built around such a concept, we doubt that information and referral centers would make a permanently significant contribution to the problem of bridging the present gap between prospective client and social service specialist. For this concept is concerned with only one side of the problem—information about commu-

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nity resources. The other side of the problem is the client himself. An understanding of his real needs is the key to any effective use of information about community service resources, no matter how complete and accurate it may be.

If the center's personnel is equipped to conduct highly skillful diagnostic interviews with each person who comes to it, then, and only then, can his needs be matched with the service resources at its disposal. Boston's experience shows that, possessed of this key, a center can reduce that part of the run around which comes from the client's incomplete or inadequate understanding of his problems, and his profitless application for help which is not pertinent. Only with this diagnostic key can a center build up confidence in the community that those who come to it will get the help which its publicity promises them.

Second Birthday

A two years progress report by MILTON H. GLOVER, president, National Health and Welfare Retirement Association.

Nearly 18,000 workers have applied for membership in the National Health and Welfare Retirement Plan since it was launched on October 1, 1945. For an organization that is celebrating its second birthday, this is a substantial growth and a source of satisfaction to both the participants and the trustees of the association.

Much of the credit for this going concern, which is now in operation in more than 250 communities, goes to the community chests and councils of the country. It was their backing that made it possible for agencies to enroll in advance, so that on the effective date—October 1, 1945—the association was assured of an enrollment of 5,000 workers. The members of the plan are indebted to Community Chests and Councils, Inc., for its initial financial support in the form of a grant of $10,000, and an additional loan; and to Ralph Blanchard, its director, for his leadership in bringing the plan to fruition.

The success of the association is in no small part due to the interest of the board of trustees, sixty in number and representing all parts of the nation, who serve without pay. Under the leadership of Gerard Swope, who served for the first two years as chairman and now is honorary chairman, and more recently under the chairmanship of Henry Bruere, the board has worked hard for the sound establishment of the association.

During the first two years, more than 1,700 health and welfare organizations have taken advantage of the opportunity to join the retirement plan. In this period the combined contributions of employers and employes reached $5,146,235.49. This sum represented payment for both past service and future service benefits. Recently, the association received its first dividend, in the amount of $123,000, from the re-insurer, the John Hancock Mutual Life Insurance Company.

The membership of the retirement plan includes all types of welfare agencies. It includes more than 125 visiting nurse associations, nearly 100 hospitals, more than 100 child welfare agencies, and many Catholic, Jewish, and Protestant organizations, as well as the staffs of a number of national agencies.

The death benefit protection of the plan, now exceeding $20,000,000, has proved its value many times over. In the first two years, 49 death claims were paid, amounting to $98,411.49. For some families these payments—representing approximately ten months salary—were the only insurance they received. Among those participants in the plan who died were a Traveler's Aid secretary, a family caseworker, a hospital maintenance man, several visiting nurses, a national agency executive, the director of an Urban League, a second cook in a children's home, a worker in a servicemen's bureau, and the janitor of a social settlement.

On October 1, 1946, with the cooperation and financial assistance of the American Hospital Association, a plan especially developed for hospitals was launched. Known as Plan C, this is better suited to some hospitals than the original Plan A, particularly in respect to the pooled past service provisions and the death benefit. It is anticipated that a very substantial number of workers in hospitals will, in time, wish to belong to the plan.

The deadline for membership in the nationwide pooled past service plan, known as Plan A, was passed on October 1, 1947. Work has already begun on the verification of the past service credits of the various workers covered. It will take some months to complete this checkup and make the actuarial calculations necessary to determine the exact percentage of salary that can be paid as a past service benefit, and the length of time over which employers will have to contribute to the past service fund.

It is for this reason that annuity benefits cannot commence until October 1, 1948, the third anniversay of Plan A. From that time on, however, monthly annuity checks will be issued to qualified participants, and one of the main objectives of the association will have been achieved.

Plan B, which does not require contributions to the past service fund, became operative on November 1, 1947. It is similar to Plan A in all respects except the past service provision.

The National Health and Welfare Retirement program has continually grown in favor with the employes and their employer agencies since it was launched. The provision for the transfer of membership from one member organization to another has proved most attractive. Likewise, the provision that a worker need not lose the benefits built up for him, even though he should terminate his work, is a source of satisfaction. Thanks to the careful preliminary planning, the plans may now be said to "wear like iron"—they have stood up under the closest examination.

The first two years of the association's experiences point clearly to achievement of improved personnel relations for the member organizations and a growing sense of security on the part of the workers. These intangibles are already resulting in better service to the public on the part of both.

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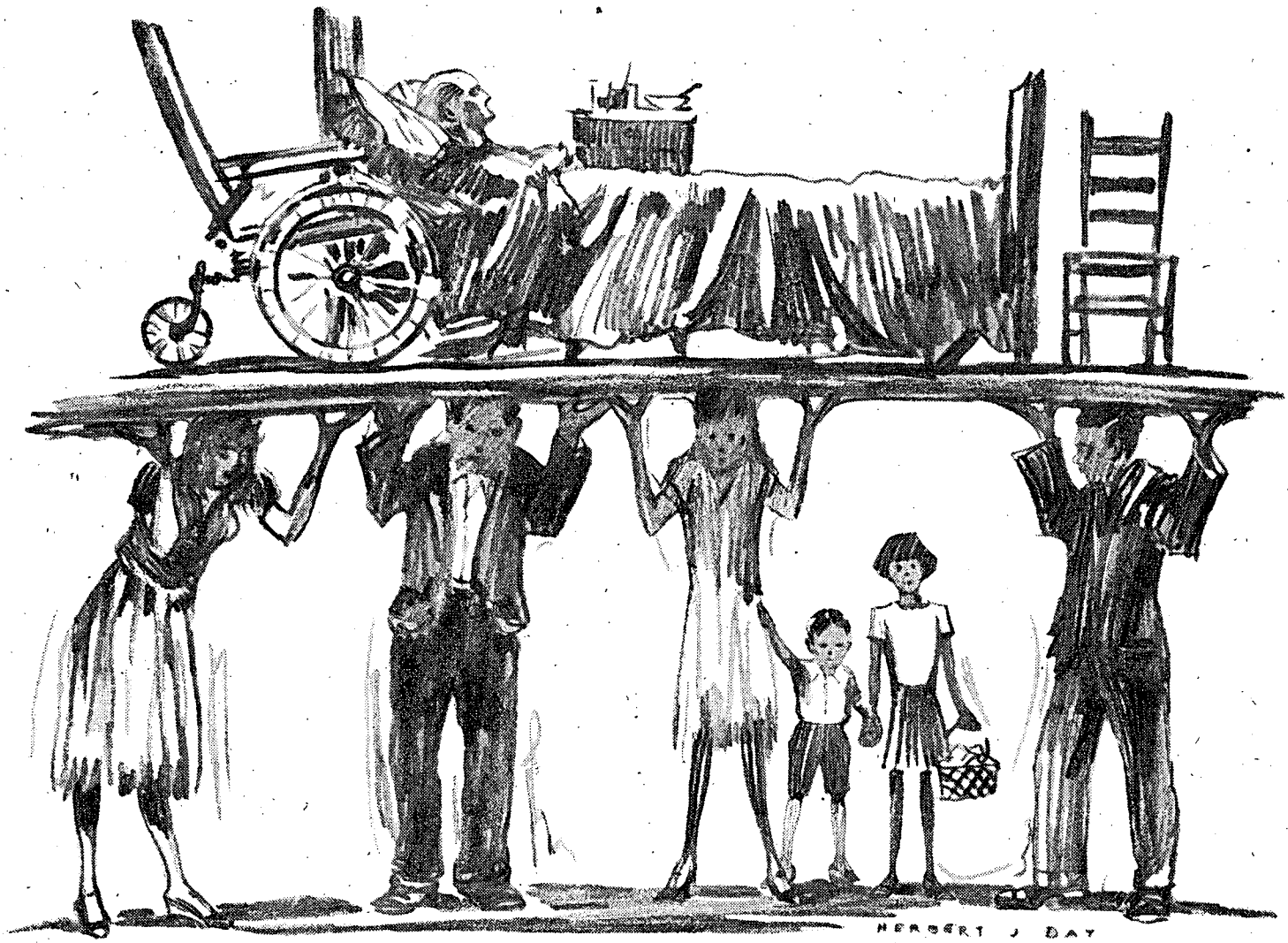
Chronic Illness



A Special Section of Survey Midmonthly devoted to a priority in social work's big job of "attacking dependence at its source"

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Chronic Illness

Major Cause of Dependency

RAYMOND M. HILLIARD

Executive Secretary, Illinois Public Aid Commission

Four years ago, all assistance and relief programs in Illinois were brought together under the Illinois Public Aid Commission, which has concerned itself not only with the adequate meeting of current needs, but also with examination into the causes and prevention of dependency. As a result, there has evolved a guiding principle of policy to "attack dependency at its source."

During the four years of the Commission's experience, full employment has reduced relief rolls to less than one fourth what they were in the later Thirties. However, closer scrutiny shows this over-all decrease to be deceptive, for the residual load of the aged, of dependent children, and of others whose primary problem is not unemployment as such, has been increasing. Thus the Commission has concluded that unless it can successfully attack the causes of some of this continuing, quasi permanent need for assistance, it would be faced with the responsibility of caring for ever-increasing numbers of public assistance recipients.

Today, in a period of full employment, the biggest single factor creating need for assistance among families throughout Illinois is chronic invalidism. Circumstances which, in general, hold true for the country as a whole are partially accountable for this fact. Two generations ago, more than 90 percent of deaths were caused by acute diseases following short periods of illness. Today, because of the broad advances of the last quarter century in medical science and public health, people seldom die of pneumonia, diphtheria, typhoid and the other quick killers of the Nineties. Instead, more than two thirds of deaths are caused by chronic diseases, following a long period of invalidism. The leading role of killer is played by diseases of the heart and circulatory system. Cancer is in second place, and the two together account for considerably more

The author wishes to acknowledge the assistance of Robert Rosenbluth, consultant to the Illinois Public Aid Commission, in the preparation of this article.

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than half the total number of deaths.

For two rather obvious reasons, this drastic shift is throwing more and more people on assistance as a last recourse. Although the "Blue Cross" and other insurance plans offer a way for the prudent and thrifty person to anticipate and provide for the cost of acute illness, the overwhelming burden of the cost of chronic invalidism makes it impossible for most families to finance the necessary care.

And often, even more tragic than the situation of the chronic invalid himself, is the tyranny imposed upon other members of the household who must sacrifice careers or their own normal family life in the attempt to care for him. Small wonder that these devastating consequences exert a steady demand for relief through public assistance.

Moreover, facilities for caring for the chronically ill in Illinois, as elsewhere, are grossly meager and inadequate. This is not only true of institutional facilities for those who are almost or completely bedridden, but also of medical, nursing, and other services needed to deal with the many facets of the problem.

During the past four years, therefore, Illinois has been studying not only the needs of the chronically ill, but the possibilities of developing a program for the prevention and control of chronic illness. The early "Committee to Investigate Chronic Diseases among Indigents" made a preliminary report in 1945. This committee was followed, significantly enough, by the "Commission on the Care of Chronically Ill Persons," for while indigency may be one of its results, chronic disease itself is no respecter of economic status. A program planned only for those chronically ill persons who have already become dependent on public assistance obviously would not be a "preventive" program.

The Commission, under the chairmanship of Senator T. Mac Downing, has just published its interim report. During the course of its study it had available not only data of the National Health Survey of 1935-36, but also that of two concurrent Illinois surveys —the Chicago-Cook County Health Survey, with a section on the chronically ill done under the direction of Col. Edward T. Thompson, M. D., senior surgeon, U.S. Public Health Service, and the Illinois Hospital Survey, directed by Dr. Henrietta Herbolsheimer, Illinois Department of Public Health. Numerous state organizations and outstanding experts cooperated in the study,* which included a detailed analysis of the problem in Sangamon County (a typical downstate county) directed by Robert Rosenbluth, consultant to the Illinois Public Aid Commission.

The commission also was fortunate in having the reports of current surveys in several other states—Connecticut, Maryland, Massachusetts, Minnesota, New Jersey, New York, Wisconsin, Ohio, as well as one made by the National Health Institute. The report of the Nuffield Foundation, entitled "Old People," published this year on findings of an extensive survey in England, also was helpful. The Commission or members of its staff also visited many outstanding institutions and consulted with leading authorities in California and in many of the states above

* These organizations and experts included the present and past presidents and other leading members of the Illinois State Medical Society; the Illinois Hospital Association; the Illinois Nursing Association. Special reports were prepared under the direction of such authorities as Andrew C. Ivy, M.D., vice-president, University of Illinois Schools of Medicine, Dentistry, and Pharmacy; Malcolm T. MacEachern, M.D., associate director, American College of Surgeons; and William F. Petersen, M.D., chairman, Administrative Committee, Central Service for the Chronically Ill of Chicago.

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mentioned. Particular mention should be given to the Los Angeles County Institution for the Chronically Ill, "Rancho Los Amigos," and its director, William R. Harriman; to Dr. E. M. Bluestone, director of the Montefiore Hospital in New York City; and to the many others who gave their time and expert advice in formulating the recommendations of the Illinois Commission.

The factual evidence of the study as well as the testimony of leading medical, welfare, and institutional official educators, churchmen and other public authorities are summarized in these conclusions of the Commission:

Beyond any question, chronic illness is the major health and welfare problem now confronting the state and local governments in Illinois, private philanthropic agencies, the medical and nursing professions, and all citizens interested in the general welfare. The problem can be met only by a two-pronged attack:

1. Provision of decent and adequate facilities for the care, treatment, and possible rehabilitation of those now afflicted with chronic diseases.

2. A concerted and coordinated program of research into the causes of chronic illness, in order that the incidence of chronic disease may be reduced or eliminated and methods of treatment improved. From the long range view, only the latter will provide an ultimate solution.

Cause of Dependency

From the standpoint of public welfare administration, it is of practical importance to distinguish between the people who are chronic *invalids,* and the much larger number of persons who are also suffering from some type of chronic illness or permanent impairment. For the chronic *invalid* is a person whose illness is of such severity that, at the very least, he must have someone readily available to care for him when the need arises. For many, this means the kind of constant attention which can be supplied only in a nursing home or institution. For others, it means periodic or occasional care which can be provided by visiting nurses, visiting housekeepers, or members of his own family. It is this "dependence" of the chronic invalid on others for care that forces him or his family to seek public assistance. Thus, it is the prevention and reduction of chronic *invalidism* which will have the most practical and direct effect upon relief loads and costs.

A detailed and comprehensive analysis of the presence of chronic invalidism among public assistance recipients was made in the special study of Sangamon County. This is an average county whose population, disease rates, medical facilities, and assistance program are typical of the state as a whole. On the basis of this study and other data, it is conservatively estimated that 23 percent of all public assistance recipients are chronic *invalids.* They account for over $25,000,00 of the state's current annual expenditures of $105,000,000 for all types of public assistance. No other current factor is responsible for anything like this volume of dependency.

The Extent Varies

As might be expected, the extent of chronic invalidism varies greatly in the various categories of relief. The largest proportion is among those who receive aid to the blind, where 63.6 percent are chronic invalids, aside from their blindness. The next largest, 35.6 percent, is among those receiving old age assistance. Among the recipients of general relief, the percentage is 13.8. The smallest proportion is among the families receiving aid to dependent children, but even here 5.6 percent are suffering from chronic invalidism. These percentages, it should be noted, do not include those cases where the death of the breadwinner was due to chronic disease, a particularly large causal factor among the ADC group.

Within the total cost, as might be expected, expenditures for medical care are a substantial item. Among Illinois' 140,000 old age pensioners studied during the latter half of 1946, for example, 84,000 are chronic invalids for whom medical expenses annually amount to approximately $3,500,000. This amount, moreover, accounts for 95 percent of the total expenditures for medical care for the old age group.

Data from other state studies roughly parallel the Illinois findings. Connecticut, for example, found that approximately 20 percent of its total assistance recipients were chronically ill or disabled, a figure very close to Illinois' 23 percent. In New Jersey, 38 percent of those receiving old age assistance were chronically ill, despite the fact that New Jersey—unlike Illinois—does not grant old age pensions to persons in public institutions. The percentage of ill or infirm persons on the Wisconsin assistance rolls, who are "unable to live alone," was 27.7 percent for old age assistance, 12.3 percent for general relief, 5.6 percent for aid to dependent children, and an over-all percentage of 24.4—only slightly different from the Illinois findings.

To public welfare programs all over the country, the future implications of this major cause of dependency becomes even clearer when we examine the available national data about the spread and incidence of chronic invalidism. In the National Health Survey of 1935-36, it was estimated that one out of every eighty-seven persons (1.14 percent) was a chronic invalid. However, because of increased percentage of the aged in the general population since 1937, and in the light of facts revealed by more recent studies, it is safe to say that the percentage of chronic invalids has increased, so that between 1.25 percent to 1.5 percent, or approximately one out of every sixty-seven persons, is a chronic invalid.

In the survey of Sangamon County, for example, in January 1947, in a county with a population of 117,912, there were reported 6,890 cases currently under treatment for chronic diseases. Of these, 1,749 were chronic *invalids,* with 649 having illness of such severity that provision for care outside the home was indicated.

National Trend

For the United States as a whole, therefore, it is conservatively estimated that there are now between one and a half and two million chronic invalids. Moreover, if the present trend continues this number will be doubled by 1980. What this will do to relief loads and costs in the next quarter century, unless we can successfully attack the problem, is a matter of simple mathematics. It would add an extra cost of at least one and a half billion dollars annually, and added suffering each year in an additional million and a half homes. And it would probably mean the investment of another three billion dollars in new institutions to provide the beds necessary for those whose invalidism is so severe as to make other types of care impractical.

One fact, however, stands out in this picture of increasing trend which has high relevancy to the possibility of reversing it. Chronic invalidism is not exclusively, or even primarily, an attribute of old age. To be sure, the proportion so afflicted rises steadily

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with the advancing age groups. But altogether, the great majority today are found among those whose ages are in the economically productive years between fifteen to sixty-four.

It is estimated, in other words, that the earning power of one out of every 110 people (.9 percent) is lost today because of chronic invalidism. This loss of earning power is a prime factor in creating the need for assistance and relief. But the largest group of these individuals is within the age range where, other things being equal, employment and consequent earning power is a normal expectation. To the extent, therefore, that chronic invalidism itself can be prevented, reduction in relief needs and demands should follow as a direct result.

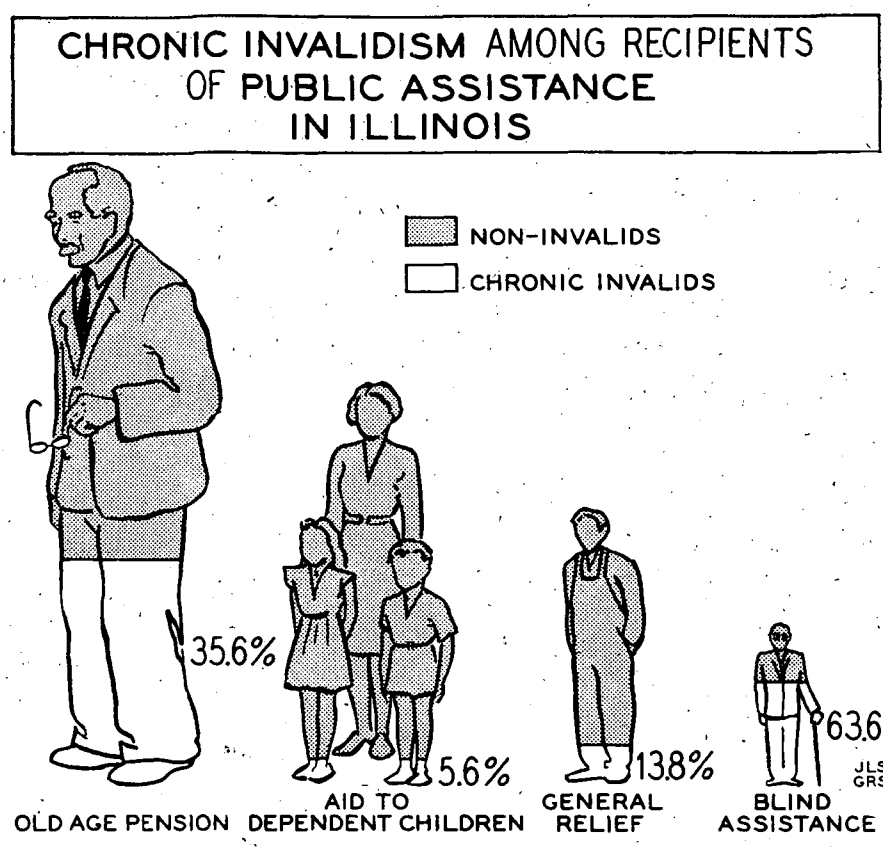
Of different significance to the development of a rounded program is another fact. It is usually assumed that the amount of dependency occasioned by chronic invalidism is greater in urban centers, with crowded housing, family stress and strains, than in rural areas. The Illinois study showed the exact reverse to be the case. Chronic invalids in Chicago constituted 1.23 percent of the total population; downstate they were 1.5 percent, or a rate 22 percent higher than for Chicago. (See Chart 1.)

Down on the Farm

The explanation seems to be twofold. First, our rural population contains a higher proportion of older people than our cities. Of the 1940 population of Chicago, 5.8 percent were sixty-five years of age and older; for downstate Illinois the corresponding figure was 8.7 percent. And while chronic invalidism is not confined to the older age group, it is found among them in higher proportion. What has happened is that very large numbers of young adults have left the farms for the cities, leaving a gap in the rural population which automatically increases the percentage of both the oldest and youngest age groups.

Second, rural counties, generally speaking, are less well equipped with the health and medical facilities necessary to the diagnosis and treatment of the diseases which result in chronic invalidism. In other words, more people *unnecessarily* become chronic invalids in rural areas than in the cities.

It is not without interest, moreover, that these two facts together—the distribution of the chronically ill by age groups and by geographic areas—give us a logical explanation of why old age and survivors insurance, old age assistance, and other public welfare programs have failed to "empty the county poorhouses." When these programs were initiated, it was confidently predicted that they would do so. But the burden of the chronically invalided has steadily increased in the last decade. Many are younger than sixty-five, and not eligible for these programs. Others, regardless of age, require care which cannot be provided outside an institution. So the poorhouses, which are too often old and inadequate, still constitute the only resource available in many of the states' rural counties. Part of the Illinois plan recommended by the Commission and already under way as we shall report later, is for the transformation of these county poorhouses into adequate, well managed nursing homes.



The Medical Problem

The chronic *invalid* who, as we have seen, is so likely to become dependent upon the assistance program by the very nature of his case, is always the victim of some chronic disease or *illness*. A first line attack upon the causes of chronic invalidism must be a medical attack upon chronic illness. To be sure, many people afflicted with various of the chronic diseases do not become chronic invalids. Practically all have to make some adjustment in their manner of living, but this may not affect their earning power or confront them with problems too difficult to manage within their own resources. In most cases, prompt adjustment in living habits and occupation to conform to the limitations of the disease can be made with success.

On the other hand, practically all of the chronic diseases are potentially serious. The person who has rheumatic or arthritic twinges today may become the almost helpless invalid of tomorrow. Adequate medical diagnosis and treatment for all who are chronically ill must be at the heart of our preventive program.

What are the chronic diseases? How widespread are they? What proportions of the chronically ill become chronic invalids? What does medical science know about the diagnosis and treatment of specific diseases? These were some of the major questions posed by the Commission's study. The answers are revealing in their implications for practical program making.

The most complete national data available in respect to the spread and intensity of the chronic diseases are that of the National Health Survey of 1935-36.

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That study listed twenty-eight types of diseases with the attributes of chronicity. On the basis of its sample, it was estimated that 17.7 percent of our total population was suffering from one or more of these various chronic diseases.

More recent and intensive studies, however, in almost every case have revealed greater prevalence of chronic disease than reported by the National Health Survey. For example, a recent study in Oxford, Mass., directed by the Public Health Service, found that for every four known cases of diabetes, three more previously undetected and unsuspected existed. A six-year study in New York State has just concluded that cancer alone in some form can be expected to develop in one out of five persons. Still another and very important reason to believe that the numbers of chronic illness are greater than at present known is a prevalent but mistaken attitude concerning the problem, particularly where there are senile parents or deformed children in the home. There is an unwarranted sense of shame, tending to concealment of the situation, particularly as in many cases there are no constructive alternatives for care available.

It is therefore now estimated that the percentage of persons with chronic disease or permanent impairment today is about 18.8 percent of the whole population, ranging from 3.42 percent of chronic illness or impairment among

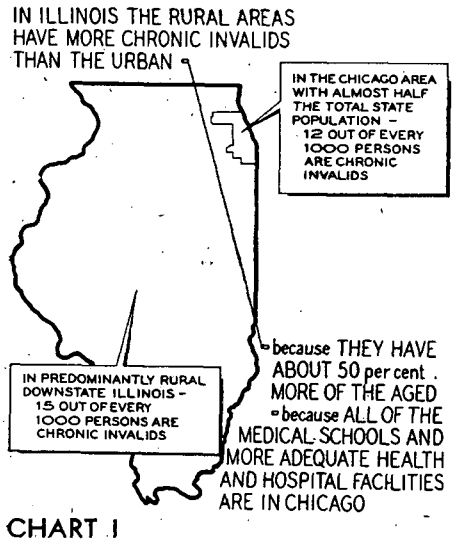
IN ILLINOIS THE RURAL AREAS HAVE MORE CHRONIC INVALIDS THAN THE URBAN
IN THE CHICAGO AREA WITH ALMOST HALF THE TOTAL STATE POPULATION – 12 OUT OF EVERY 1000 PERSONS ARE CHRONIC INVALIDS
IN PREDOMINANTLY RURAL DOWNSTATE ILLINOIS – 15 OUT OF EVERY 1000 PERSONS ARE CHRONIC INVALIDS
because THEY HAVE ABOUT 50 per cent MORE OF THE AGED
because ALL OF THE MEDICAL SCHOOLS AND MORE ADEQUATE HEALTH AND HOSPITAL FACILITIES ARE IN CHICAGO

CHART 1

children under five years of age, to an incidence of 60.23 percent among those eighty-five years and over. For the state of Illinois, this means an approximate total of 1,483,000 people with chronic diseases or permanent impairments.

As we have already indicated, it is now estimated that 1.5 percent of the whole population are chronic invalids, which would mean approximately 118,000 people in Illinois. On this basis, therefore, we may conclude that some 8 percent of the people in the state who contract the diseases classified by the National Health Study as "chronic" will sooner or later become "chronic invalids."

The different diseases, however, vary greatly in their severity, their effect upon the general outlook of the individual, his economic and other capacities. The National Health Survey gave some clues to these variations in impact upon the individual, by ranking each disease by: (1) number of days lost from work, (2) number of invalids, (3) number of cases, and (4) number of deaths from chronic disease, as shown in the accompanying table.

Thus, rheumatism, which is first in number of cases, is not so serious in its end results, for it stands fourteenth in number of deaths caused. Heart diseases, second in number of cases, is first as a cause of death. Actually heart diseases, taken together with hypertension (high blood pressure), arteriosclerosis (hardening of the arteries), and other diseases of the circulatory system, constitute by far the largest and most important group of diseases from which chronic invalids suffer.

Again, a person with high blood-pressure—the most common form of chronic disease—can often continue a normal, happy life if he practices a suitable regime and diet. As Dr. Peter Steincrohn, in "What You Can Do for High Blood Pressure," pungently expressed it: "We outline a new way of life. This consists of relief of inner tensions, relief from strain of business and social life, sufficient rest and relaxation, numerous vacations, the cutting down of aggressiveness and ambition, and any of the other methods we use to influence the patient to live along at thirty miles an hour instead of the usual sixty." Similarly, a person with breast cancer whose case is diagnosed at an early stage has every prospect of cure under proper treatment.

Admittedly, medical science has as yet only meager knowledge about the causes of many of the chronic diseases. Like smallpox, typhoid, and other killers, one, two or three generations ago, their diagnosis and treatment in many instances is even today still very much in the trial and error stage.

Yet, even with present limited medical knowledge, we have found that between 8 and 12 percent of the severe chronic invalids might have been cured, or the disease mitigated so that extensive care would not have been

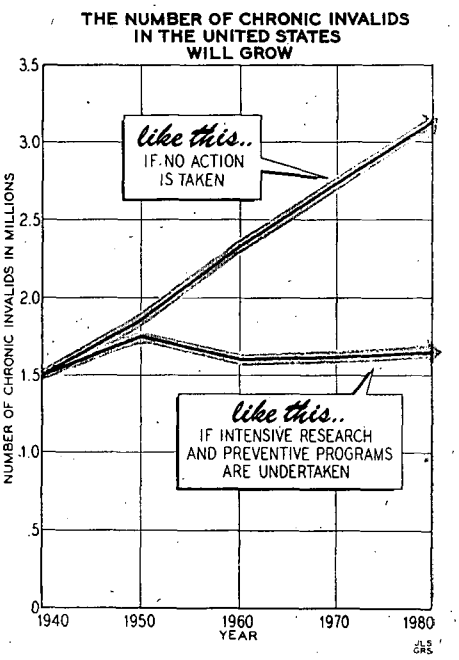

CHART 2

needed if their cases had been diagnosed and treated in the early stages of the diseases. When we add to these, substantial numbers who by rehabilitative services can be restored to a reasonably normal and self-sustaining regime of life, we estimate that *approximately 20 percent of our chronic invalidism is now preventable.* (See Chart 2.)

Research Cornerstone

This estimate is in terms of present medical knowledge. But the past history of medical science and public health gives eloquent testimony that sustained and applied research will open up new knowledge of the causes of these diseases, develop increasing effectiveness in their diagnosis and treatment. Indeed, it is already doing so.

In the case of cancer, for example, Dr. George E. Wakerlin, professor and head of the department of physiology of the University of Illinois College of Medicine, recently said:

"With early diagnosis, 75 percent of the cases can be cured. There are two 'if's' in this problem, however. One, the matter of educating people to go to the doctors for diagnosis; and two, more certain methods of early

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diagnosis. For the former, a campaign of education is essential, including the fact that if cancer is diagnosed early the chances of cure are great. For the second, namely, a good test for early diagnosis outside of the obvious external symptons, what is needed is a good test which will do for cancer what the Wasserman test did for syphilis. This entails intensified research.

"Among the other fields of active research into causes, diagnosis, and treatment of cancer are the use of radio-active substances including radio-active iodine and phosphorous and several other of the new isotopes, many of which are by-products of atomic energy developments.

"Still other hopeful developments have been in the use of sex hormones, notably the use of the female sex hormone in cancer of the male prostate. Similarly, the study of the relation of viruses to cancer; of the milk factor in the milk of mice in stimulating breast cancer. Another field of research has been that of nitrogen-mustards.

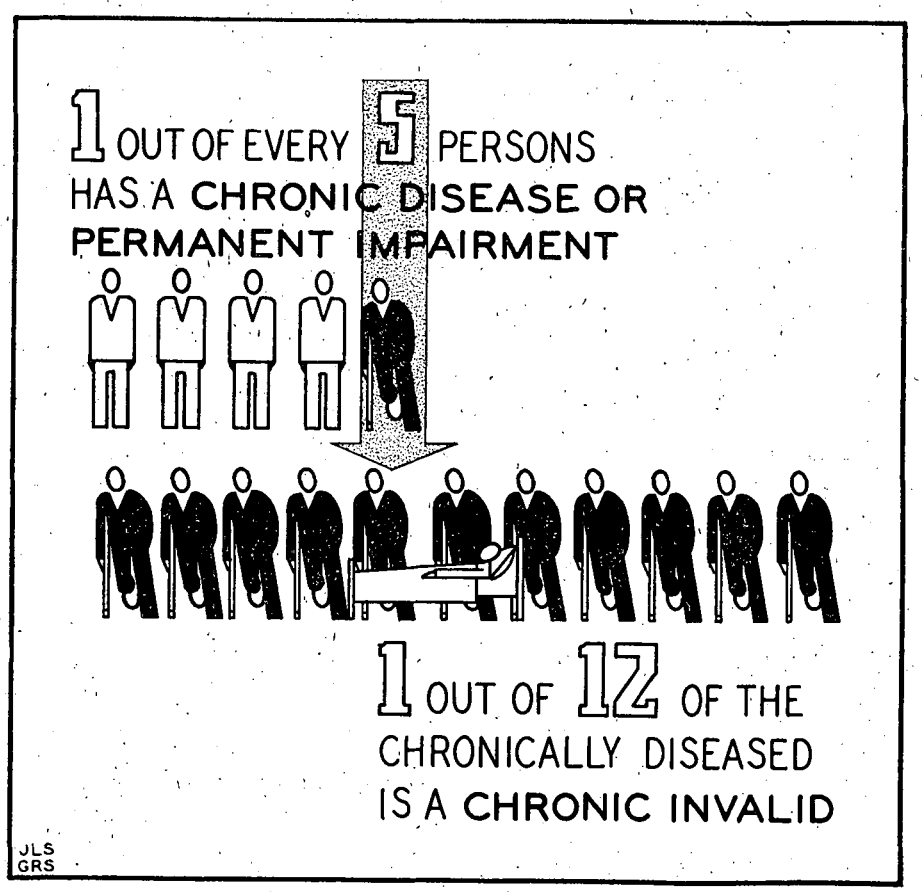
"The whole study of the growth process and particularly cell development, both normal and abnormal, is basic, and this study must be intensified. That there is a relationship to diet may be discovered. Some 400 compounds —"carcinogens"— produce cancerous growths; but no general pattern is found. How to prevent the development of abnormal growths, or how to reverse the processes which induced the cancer, so that the body will eliminate such growths—all must be investigated.

"Still other fields of research involve developments of surgery with particular reference to the ability to remove entirely diseased organs and areas and in the field of treatment with radium. Aside from the large percentage of cures which follows early diagnosis, there is a reasonable certainty that the economic life of many individuals can be extended for a period of at least five years and that pain and suffering may be greatly reduced by the use of new drugs and new processes."

Encouraging prospects of reducing the seriousness and incidence of chronic invalidism in other areas are noted by Dr. Andrew C. Ivy, vice-president of the University of Illinois Schools of Medicine, Dentistry, and Pharmacy, and an outstanding authority in the fields of physiology and medical research. Dr. Ivy says:

"In the case of all the chronic diseases, some research is now in progress, *e.g.*, in the case of high blood pressure, an extract of the kidney is being studied; also an attempt is being made to find a drug which will lower blood pressure without causing headache and other undesirable side effects happening. The more widespread use of the mobile X-ray equipment is finding cases of tuberculosis earlier, when the disease is more easily cured; the finding of cases earlier and curing them decreases the spread of the disease. Also, there is definite hope that the BCG vaccine may be used to protect against tuberculosis. Some work is being done on all the chronic diseases. With increased facilities for the study of these diseases, at least several of them should be brought under control within another twenty-five or thirty years."

CHART 3



Recommendation

Highly significant, therefore, is the first recommendation of the commission that: "The State of Illinois should authorize immediately the establishment of a State Research Institute for the study of chronic diseases and geriatrics, to be operated by the University of Illinois College of Medicine in connection with the research hospitals attached to the university."

The Commission, moreover, is bold enough to express the belief that this Research Institute will "pay out." It adopts the proposal of Dr. Ivy to provide an initial expenditure of $2,500,000 to erect a 200-bed institution for chronic disease and geriatrics, with an extensive out-patient department, adjunct service in radiology, physical and occupational therapy and nutrition, and every facility for research and teaching. Annual operating costs, it anticipates, will be $950,000. But "on the basis of expenditures now being made for persons requiring public assistance because of chronic invalidism," it says, "there is every indication that research and improved treatment will reduce these costs over a period of years *and more than pay for itself.*"

It is not intended that the institute should operate in a research vacuum. Rather, the Commission sees it as a focal point in an integrated statewide program for the development of better medical care for the chronically ill. Close relationship would be maintained between it and the public and private agencies, institutions, and nursing homes serving the infirm and

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chronically ill. Patients from these agencies will be referred to it for clinical study; the results of its research will be available to all physicians and specialists; administrative agencies in any way concerned with the care and treatment of the chronically ill can consult it for advice.

AN INTEGRATED PROGRAM

Underlying all of the many recommendations of the Commission is the guiding principle that the state's program for the chronically ill must be based on an integrated and coordinated plan. Efforts to prevent and reduce the extent of chronic invalidism must go hand-in-hand with plans for more adequate care. The resources of public welfare, public health, public and private hospitals, nursing services, institutions, must be brought together in an effectively concerted attack upon the problem. Indeed, the make-up of the Commission and the range of its study serves to demonstrate acceptance of this principle. Although the early initiation came through the Public Aid Commission, which has continued to play an important role in the organization and coordination of the study, the project, as already noted, has been essentially a cooperative one, with medical, public health, hospital, nursing, and other groups assuming major responsibilities toward it.

Moreover, the present Commission realizes that its work is still unfinished. The data gathered for this present report give a comprehensive picture of the extent and causes of chronic illness. They also mark out clearly the main outlines of a rounded program, in certain areas of which practical steps have already been taken. But in others, detailed administrative and financial recommendations which would implement the general plans already outlined, must be the subject of further study. The Commission's report therefore recommends that:

"The State of Illinois, through representative members of its General Assembly in cooperation with citizens and persons competent in the field, continue to study the problem of chronic illness and direct all efforts toward a coordinated and well thought out plan."

Program Cornerstones

The Commission's report shows clearly that the cornerstones of the state's program must be embedded in soil where grow the needs of four main types of people who need service:

1. The chronically ill—those persons who are suffering from any one of the so-called chronic diseases. As we have already seen, these number about twelve times those who become chronic *invalids*. (See Chart 3.) But they constitute the great reservoir of cases, out of which are drawn this smaller number of much more serious cases whose need for care is so constant as to create the large demand and drain upon public assistance resources. Nor does the Commission underestimate either the problem of family financing or of personal adjustment confronting many of the people afflicted with these diseases. In a substantial proportion, serious difficulties are posed for which many need special service or aid. The commission estimates that this total group in Illinois comprises approximately 1,483,000 persons.

(2) Chronic invalids who, either because of the nature of their illness or the circumstances in their family life, are able to get along very well in their own homes with only occasional help from other members of their own household. The Commission estimates that somewhat more than one third of all chronic invalids fall into this group, or approximately 44,000 people.

(3). Chronic invalids who can *best* be provided for in their own homes, but whose illness or family situation is such that this may only be possible if the outside assistance of a visiting nurse or a visiting housekeeper is provided. This group comprises another third, or approximately 39,000 in Illinois.

4. Finally, that group of chronic invalids whose condition is so serious that home care is not feasible and who must be given constant attention in public or private nursing homes, in general hospitals, or in special chronic disease hospitals. These comprise slightly less than one third of the invalid group, or approximately 35,000 people.

These then are the major groupings in whose interests a variety of specialized medical, nursing, institutional, and assistance services need to be planned, coordinated, and directed. So classified, the assistance problem begins to assume more manageable proportions. The total number of chronically ill constitutes 18.8 percent of the population of the state; the total number of chronic invalids, 1.5 percent. But of these latter, more than one third can maintain themselves in their own families. Another third can be maintained in their own families if appropriate outside services are available, and slightly less than 3 percent require the most expensive institutional type of care. It is important to note, however, that *all four groups need adequate medical service and that, as we have indicated earlier, the provision of such service is the key to the eventual prevention and reduction of the end result problem of "assistance" or "dependency."*

Institutional Care

Undeniably, it is the group of chronic invalids requiring institutional care who, in recent years, have created for public welfare administrations what amounts to an acute emergency problem. The need for beds for this group is so great that even people of considerable wealth cannot readily find adequate places for members of their family who need constant medical or nursing care. People of moderate means can hardly ever find a place or afford the high cost. In Illinois, the Commission found that the number of beds of all kinds now available is *less than one third* the number needed to care for all types of chronic invalids, exclusive of those suffering from tuberculosis and mental illness. Even for these latter cases, for whom the provision of institutional facilities has long been a state or other public responsibility, almost 40 percent more beds are needed than now exist.

On the basis of its study in Illinois, the Commission finds that 3.3 beds per thousand of the population for chronic invalids (exclusive of tubercular or mental cases) is an absolute minimum. The probable needs are 4.5 per thousand, and as changing attitudes toward the use of such facilities increase the demand, it seems likely that 5.5 per thousand will more nearly represent the need. No community in Illinois now comes anywhere near meeting this minimum; nor have many surveys in other states and communities yet shown any place where this number of beds is available.

To provide the additional beds needed in Illinois, the Commission recommends a four-point program.

1. Continue and extend the present program for converting county homes into public nursing homes for the infirm and chronically ill.

2. Add wings or adjacent buildings to both public and voluntary general hospitals.

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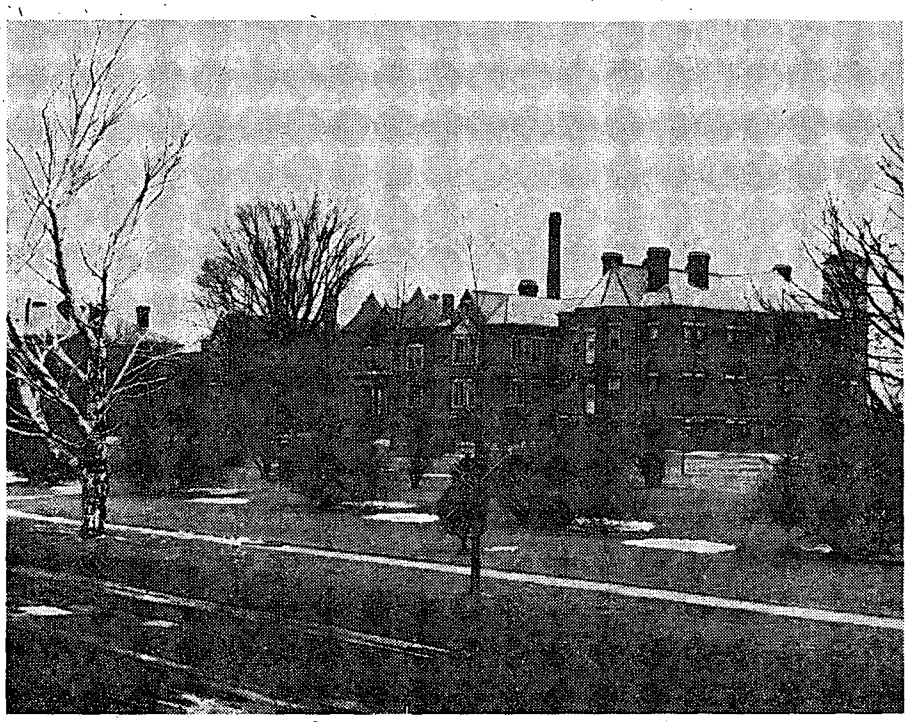

L. R. Wilkinson photo

Why not convert our old type county farms into homes for the chronically ill, asks the author. In Illinois, nineteen of these are now "going concerns."

3. Extend infirmary facilities in private nonprofit homes for the aged.

4. Establish private nursing homes of high standards.

Conversion of County Homes

The plan for converting county homes has been under way since 1945. Bills framed at that time permitted the conversion of county farms into nursing homes and authorized them to accept people able to pay for care from their own funds, as well as those paid for from public assistance grants. By doing this the legislature not only made these new facilities available to non-indigents, but made clear that they would not be regarded as just more "poorhouses" in different dress. The law also removed the provision of the Old Age Pension Act disallowing pensions to people living in nursing homes or institutions.

This latter action, however, contained the following provision: "If the facilities of such homes or institutions with respect to care, sanitation and general hygiene are in conformity with standard prescribed by the Illinois Public Aid Commission for the safeguarding of the health, safety, and comfort of the inmates thereof." In other words, where the individual's pension is used to pay the institution for his care, the state agency must prescribe standards, offer consultant service and leadership in the development of a satisfactory program.

Since its passage, nineteen of fifty-six counties with county homes which might be adaptable have either taken advantage of the act or are now at the point of doing so. Wide variations in their needs, the character of the original institution, and local facilities available for medical service have presented a challenge to state standard making and supervision. Requirements must be flexible, and the relationship not merely one of inspection, but of continuous cooperation as well. Indeed, the most profitable services which the state offers are those of consultation in formulating initial plans, assistance in cost accounting, and budget making, negotiation over rates, community co-

Extend the useful years . . .

operation, and other matters of practical operation.

The plan has already demonstrated its value. There are approximately 1,250 beds in nineteen county farms which have already been converted and are now actually in operation. Sixty percent of them are occupied by old age pension and blind assistance recipients. The average cost to the state for each of them is approximately $60 a month, or a total monthly outlay of $45,000. If these beds were not available it would be necessary to find other, more expensive and generally less satisfactory facilities to provide for that number of chronically ill pensioners.

Moreover, the experience of the most recently opened home is typical. As a county farm of the old type it had only seven residents. Two months after it opened as a converted home, it had fifty-five. After further repairs are completed, it will have eighty-five.

With notable exceptions in the cities of New York and Los Angeles, the great potentialities of using public homes serving great metropolitan centers have yet to be realized. For example, the plans for Oak Forest—the Chicago-Cook County home—visualize its becoming a first class institution for chronic invalids. There will be direct affiliations with university medical schools for research in geriatrics and the chronic diseases which will give unparalleled opportunity for studies of the causes, treatment, and management of senility, for Oak Forest has a large group of senile patients about whom little is known and for whom neither adequate service nor research programs have been developed.

The economy of investing money to make these old buildings really usable is obvious. The capital outlay for building a new home with the capacity of the one shown on this page would be about half a million dollars. Its reconditioning cost $60,000. In another county, a building that would have cost $750,000 required only $20,000 for reconditioning. The commission estimates most conservatively that it would take at least $35,000,000 to build new facilities equal to the actual or potential bed capacity of Illinois' present county farm buildings. The total cost of converting these buildings in accordance with prescribed minimum standards probably will be less than $3,000,000. Another $1,500,000 would be needed to meet the cost of more adequate standard facilities,

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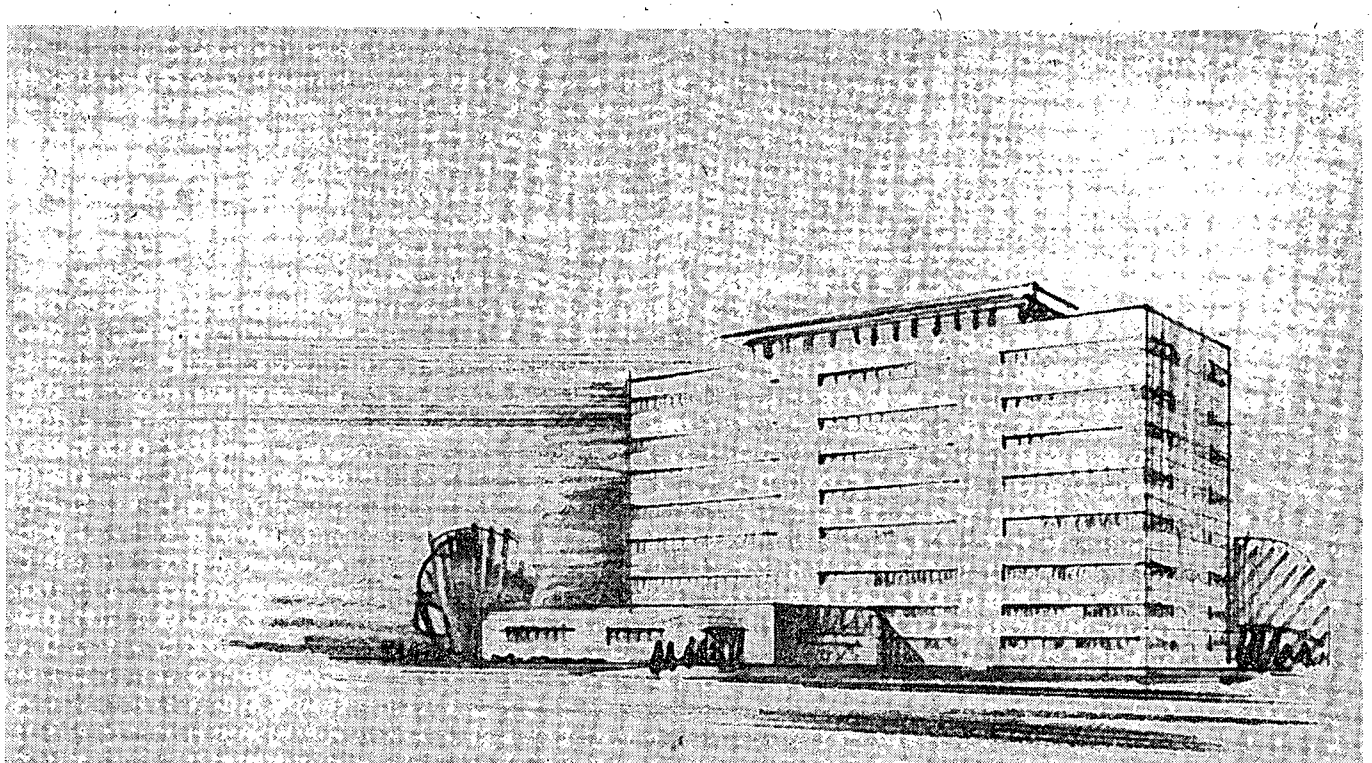
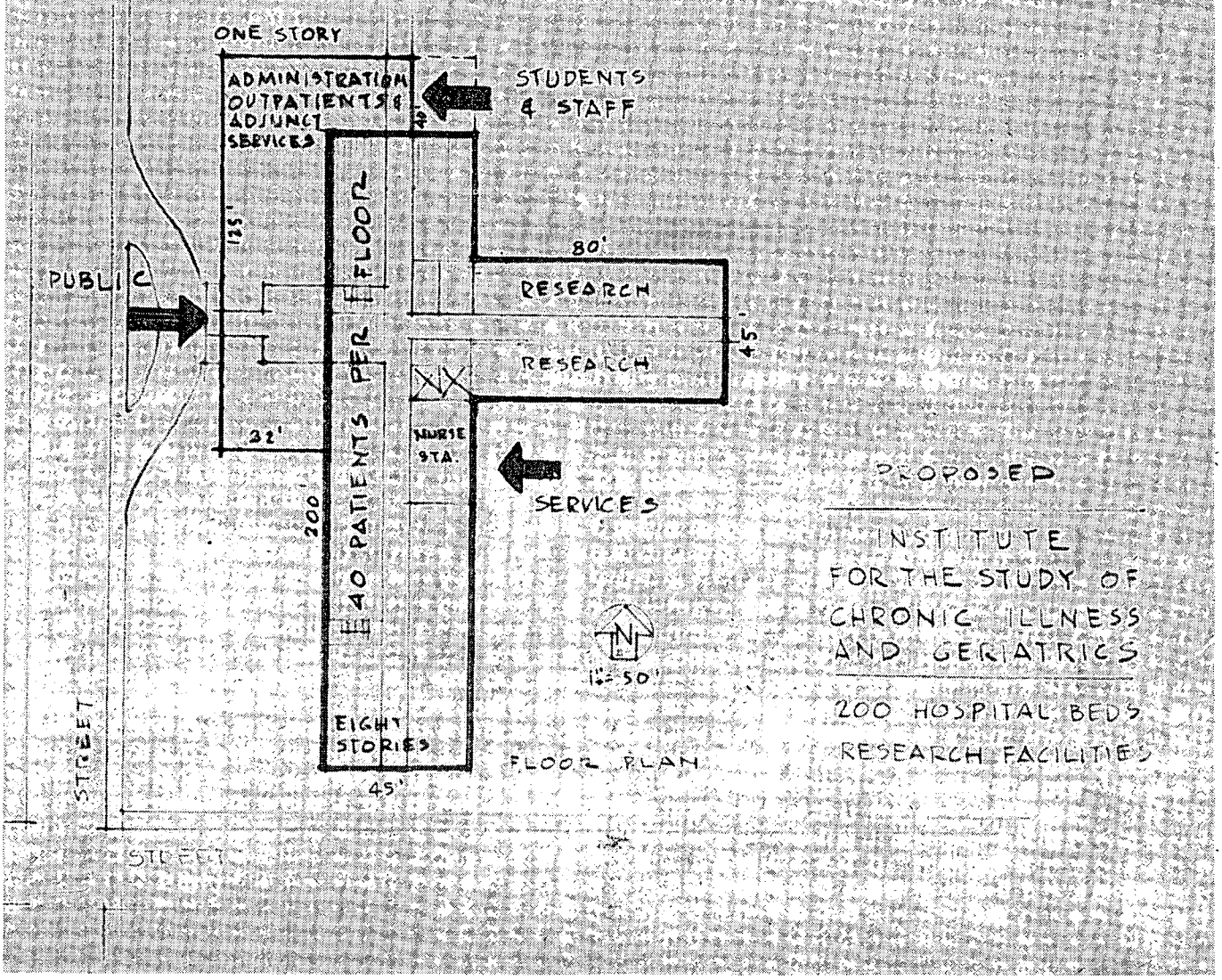


VIEW FROM S.W.



FLOOR PLAN

PROPOSED

INSTITUTE
FOR THE STUDY OF
CHRONIC ILLNESS
AND GERIATRICS

200 HOSPITAL BEDS
RESEARCH FACILITIES

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but even so there would be a tremendous saving in dollars . . . and facilities would be provided *now*.

Our experience has shown that local voluntary community support can be enlisted to meet part of these conversion costs. In one county private subscriptions of $6,290 were raised toward the expenses of new equipment. In another, the local service clubs underwrote all expenses for completely equipping a room for chronic invalids. In almost every county there has not only been community interest but direct financial support in addition to the public monies appropriated.

With such data and experience, it is not surprising that the Commission, in its interim report, strongly urges the remaining counties in the state to take similar steps. It emphasizes that facilities for the chronically ill should be located in local communities near the friends and relatives of the patients. They can be best administered and operated under local control, with appropriate state supervision to provide guidance as to standards and services. The experience to date is strong evidence that this plan be decidedly preferable to any plan for large state financed and state controlled institutions, remote from local needs, local resources, and the natural assumption of local responsibilities.

General Hospitals

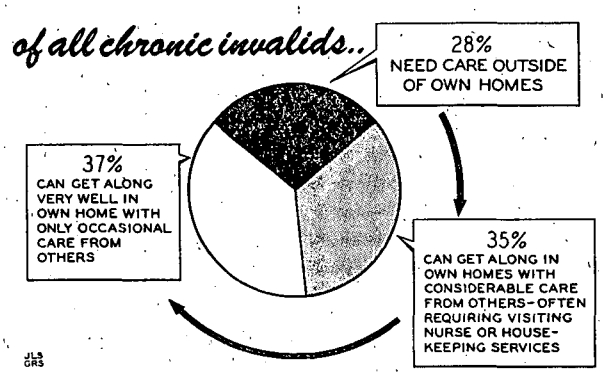
Studies of the commission indicated that for most general hospitals new wings or adjacent buildings designed for a number of chronic patients equal to not less than 20 percent of the present capacity of the hospital will be assured of sufficient occupancy to justify the cost. Such beds would be available, not only to private pay patients, but also to patients from the public assistance rolls, the cost of whose care is paid for from public welfare funds.

The advantages of this plan are many. The administrative experience of the hospital would be immediately available. So also would its facilities for medical and nursing care. And not the least, these additional beds for chronic cases would free beds in the hospital itself for use for acute cases, which are now so badly needed in almost all instances.

Although there has been a good deal of discussion on the question of where facilities should be located, with one school of thought urging that *all* should be in connection with general hospitals, the issue is in fact academic. For many years to come all facilities that can be made available will be needed. The important thing to recognize is that we must rely on the general hospital for expert diagnosis, intensive treatment, and major surgery where it is required.

Private Homes for the Aged

Only a few private homes for the aged now admit people with chronic diseases, and these limit their care of chronic invalids to those whose invalidism develops after admission to the home. The Commission therefore urges that private homes begin planning to adapt their facilities to enable them to receive and care for an increasing number of the chronically ill. Particularly when endowments or other monies become available for the erection of new buildings, it points out, advantage should be taken of the opportunity to design these for the care of invalid cases, locating them, where possible, in connection with or convenient to a general hospital.


of all chronic invalids..
28%
NEED CARE OUTSIDE OF OWN HOMES
37%
CAN GET ALONG VERY WELL IN OWN HOME WITH ONLY OCCASIONAL CARE FROM OTHERS
35%
CAN GET ALONG IN OWN HOMES WITH CONSIDERABLE CARE FROM OTHERS—OFTEN REQUIRING VISITING NURSE OR HOUSE-KEEPING SERVICES

Private Nursing Homes

In Illinois, as elsewhere, the number of private nursing homes for the aged, operated for profit, has increased markedly during recent years—a fact which in itself is evidence of the growing demand for such facilities. While there are many problems attendant on this development—one of the Commission's recommendations calls for strengthening state licensing of these private nursing homes—the Commission felt that, properly guided and guarded, these private homes represent a resource, the development of which should be encouraged. Particularly is this the case in communities where the need does not warrant the establishment of larger public or non-profit institutions.

As part of its general program, moreover, the state should assist the managers of these homes in achieving higher standards than the minimum now required, and in arranging for medical supervision and close relationship with the general hospital in the communities where they are located.

One further long range opportunity for meeting the problem is also noted by the Commission. If housing authorities will give special consideration to the needs of the aged as part of their normal construction plans, some of the requirements for special institutional facilities can be reduced. It therefore suggests that in new housing developments, especially those located within easy distance of a general hospital, approximately 10 percent of the ground floor units be reserved for ambulant invalid cases.

The importance of this recommendation cannot be overlooked. Obviously, many invalids become "shut-ins" if they have to climb stairs. Moreover, while living among non-invalids, there is enough concentration under this proposal to make it easier and more economical to provide visiting nurse, visiting housekeeper, recreational and physical therapy, and other adjunct services. Of equal importance also, is the fact that since most communities are embarking on large scale housing developments, this will provide one of the quickest and surest ways of increasing facilities for chronic invalids. This, in turn, means that with the care given under such surroundings, not only will there be benefit immediately to those invalids so housed, but it is probable that many will not deteriorate further and thus require more extensive and more expensive care.

Rehabilitation and Prevention

While a concentrated medical attack upon the causes of chronic illness must be the foundation of the program to prevent and reduce the amount of chronic invalidism, two other approaches can relieve the pressures for financial assistance. The first is by the development of systematic rehabilitation programs; the second, by the provision of nursing and housekeeping services which will make it possible to care for many people in their own homes who might otherwise have to be institutionalized.

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A rounded rehabilitation program for people in their own homes as well as those in hospitals and nursing homes must, of course, include occupational and recreational therapy, vocational retraining, and social services to help the afflicted person, his family, relatives, and friends cope with the situation. As already indicated, the Commission estimates that such a program of medical care and rehabilitation would enable many chronic invalids to become self-supporting, and eventually reduce dependency among them by as much as 20 percent.

Planned work with the armed forces during the war and currently by the Veterans Administration proves conclusively that physical reconditioning, educational training, recreational activities, and vocational guidance return a larger percentage to useful and self-sustaining life than previously had been thought possible.

At the other end, studies of degeneration through lack of activity and loss of interest in any achievement or of opportunity for self-expression prove these to be important and outstanding factors in permanent invalidism.

Further study and practical planning along these lines will be an important part of the Commission's program during the next biennium. Many institutions are too small to permit the employment of full time specialists from these several fields, and one possibility to be explored is an arrangement whereby several institutions could share these services and expenses. So also is the possibility of utilizing the services of volunteers, following the wartime pattern of volunteer services to hospitals and camps.

Home Services

At present, visiting nurse or housekeeper service is available in only twenty-three communities of the state, and the study of ways and means of providing these facilities for all counties has high priority on the Commission's program for the next biennium. Those who can pay, it believes, should do so; those who cannot should be aided by public assistance funds. But practical plans must await a systematic appraisal of the needs of each county, the nursing and housekeeper service already available, and the development of guiding principles for working relationships between the various public and private agencies which now provide these services.

Central Registry

The Commission was fortunate in having at its disposal the experience of Chicago's Central Services for the Chronically Ill, of which Edna Nicholson is director and Dr. William F. Peterson chairman of the administrative committee. Since its organization as a central point to which aged and chronically ill people could come for advice and referral to appropriate facilities for service, over 4,000 cases have been handled. It is noteworthy that over half of these were fully able to pay for their own care, and less than 10 percent were unable to pay

RANK OF SPECIFIED CHRONIC DISEASES ACCORDING TO FOUR INDICES

Chronic Disease	*Estimated number of days lost*	*Estimated number of invalids*	*Estimated number of cases*	*Estimated number of deaths*
	Numerical Rank			
Nervous and mental diseases	1	1	10	7
Rheumatism	2	2	1	14
Heart disease	3	3	2	1
Arteriosclerosis and high blood pressure	4	5	3	3
Tuberculosis (all forms)	5	4	15	5
Cancer and other tumors	6	9	13	2
Nephritis and other kidney diseases	7	7	9	4
Diseases of female organs	8	10	14	15
Hay fever and asthma	9	8	4	19
Diseases of gallbladder and liver	10	12	17	8
Diabetes mellitus	11	6	16	6
Ulcers of stomach and duodenum	12	14	20	10
Hernia	13	13	5	12
Chronic diseases of the skin	14	16	22	—
Anemia	15	15	23	16
Diseases of bladder and urethra	16	18	21	17
Chronic bronchitis	17	17	8	18
Chronic appendicitis	18	28	24	—
Goiter and other thyroid diseases	19	20	11	13
Other diseases of the circulatory system	20	19	18	11
Sinusitis	21	24	12	20
Varicose veins	22	21	7	21.22
Chronic tonsillitis and other throat infections	23	23	19	—
Hemorrhoids	24	25	6	21.22
Chronic pleurisy	25	27	27	—
Chronic diseases of the eye	26	11	25	—
Chronic diseases of the ear	27	26	26	—
Diseases of the prostate and male genito-urinary organs	28	22	28	9

Source: U.S. Public Health Service—National Health Survey—Bulletin #6

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anything. Of those needing care outside their own home, 66 percent were sixty-five and over, 27 percent between the ages of thirty-five and sixty-five, and 2 percent under fifteen.

As a means of systematically making full use of *all* types of service available to *all* people, regardless of economic status, the Commission therefore recommends that:

1. Each county maintain a central register of facilities meeting minimum standards, so that persons afflicted with chronic illness, and members of their families, may be guided to the best care.

2. Some areas experiment with a central register of seriously invalided persons, through the cooperation of physicians and health and welfare agencies, as an aid to better planning to meet the community's needs.

Financing the Program

The Commission has recognized from the beginning that plans for the care and prevention of chronic invalidism must be financed as well as implemented by practical administrative auspices and procedures. On the basis of such data as we have presented here, it believes that expenditures for a sound, rounded program will "pay out" in the eventual prevention and control of assistance costs, no less than will its proposal for the Research Institute.

Many of the detailed problems of administering and financing the various phases of the program still lie before it in the continuing study of the next biennium. Included in these is the desirability or feasibility of a state grant-in-aid for construction of county nursing homes and other nonprofit institutions not qualifying as hospitals under the Federal Hospital Survey and Construction Act, and the general division of state-local and public-private responsibility for the various types of services needed.

In its interim report, however, the Commission makes two specific recommendations for legislation which will clear the way for the better financing of certain important phases of the program. The first is that the state enact the legislation necessary to participate in the new federal grant-in-aid program for hospital construction. The groundwork has already been laid by the Advisory Committee on Hospitals appointed by Governor Green to work with the State Department of Health.

The second is for legislation to remedy two important defects in the program for financing care for the medically indigent. Illinois has always recognized a basic public responsibility for the medical care costs for people who could not pay either in whole or in part. With the development of the state's health and welfare program, it has become standard practice to make sure that such persons have access to the same facilities and receive the same quality of care as private pay patients. They are free to choose their own physician or institution.

At present, therefore, all recipients of old age pensions, blind assistance, aid to dependent children, and general relief are assured of medical care, paid for by public funds. Moreover, the Illinois law provides that people not on the assistance rolls, but whose income is insufficient to pay the additional costs of medical care—that is, the "medically indigent"—are eligible to receive money from general relief funds for physicians, hospital or other medical services.

In other words, the policy is already established whereby funds can be made available for most of the chronically ill or invalided who require aid in meeting the expense of care and treatment. The first defect, however, is in present practice. Some of the counties not receiving grants-in-aid for general relief have failed to set aside sufficient money to meet the needs of the medically indigent. The Commission urges that this fault be remedied.

The second defect is in the fact that Chicago and the incorporated town of Cicero are excepted by statute from this state policy. Here the Cook County practice requires that the medically indigent go either to the Cook County Hospital or to a county physician, instead of to a general relief agency which provides care by the hospital or physician of the person's own choice. The Commission urges that the statute be amended so that Cook County's policy can conform to that of the rest of the state.

Science plus Humanity

At the risk of some duplication, we should like to close with the following passage from the Commission's report. It crystallizes, as does no other paragraph, the fusion of a long range scientific attack upon the problem of chronic illness with the need for immediate measures to meet urgent human needs, which has been basic to the Commission's entire consideration:

"The basic difficulty in long time planning for the chronically ill, however, rests in the dilemma that the institutions which are apparently so sorely needed today—and these institutions are costly—may not be needed in future years when medical research strikes at the causes of incapacitating chronic disease and succeeds in reducing or eliminating it entirely. Actually, however, there is no foreseeable probability that the present number of chronic invalids will be reduced. The hope, rather, is that we can hold the numbers approximately to the present level, instead of more than doubling by 1980—a very real and threatening probability, unless we immediately and successfully attack the problem.

"The State of Illinois, therefore, cannot afford to wait out the results of research while those now afflicted suffer acutely and demand that something be done to help them in their plight. One need only quote from a letter written by a young woman of thirty to Miss Eleanor McClurkin of Aledo, herself crippled and confined to a wheelchair for the past twenty-four years. This afflicted young woman stated her tragic plight in the following words:

'My mother may have to go for another operation this March or April and I have no place to go but to Oak Forest (Cook County Home) for three or four months until mother is sufficiently recovered from her operation. My aunt is in poor health and is unable to care for me as she did last year.

'I notice that you have studied about various homes where people with chronic diseases are taken care of. Oak Forest hasn't got treatment rooms where massages and electrical treatments* are administered to the patient in order to prevent the muscular structure of the patient from becoming too weak from disuse of the muscles. . . . I can't afford to become too weak, or my mother will have a bedridden patient to care for as long as I live.

'Another thing is we can't afford to pay for my care. I don't know if we'll even manage a small sum to pay as long as I stay there.

'I heard through a friend that the Elgin State Hospital may have such facilities in taking care of chronically ill patients. Is this true?

'If you can help me, won't you do so immediately . . .?'"

*Since this letter was writen in 1946, Oak Forest has purchased considerable physiotherapy equipment.

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THE COMMON WELFARE

The Food Front

Unless a solution to the world food situation is found, "the resultant economic collapse, if not chaos throughout the world could exceed that of the early 1930's," reported Secretary General D. A. Fitz Gerald to the International Emergency Food Council of UN's Food and Agriculture Organization on October 27. Per capita food consumption for the crop year July 1947 to the end of June 1948 will be a little below last year and nearly 10 percent below prewar consumption. What this actually means, he said, is that people in unlucky countries will have 30 percent less food than before the war.

To get at the problem of a more equitable distribution of the world's foods, the FAO, at its Geneva meeting last summer, set up a new eighteen-nation World Food Council to succeed the emergency group, the IEFC. According to the *United Nations Weekly Bulletin*, the new council will be a stronger body, able to make broader recommendations to nations for allocation of scarce foods. As it is now constituted, however, the powers of the group still fall far short of the plan recommended by FAO last year. Under that plan, each member nation would have delegated authority to a World Food Board to allocate food to famine threatened areas, and to remove food surpluses from the world market and sell them on favorable terms to poor countries.

In this country, upon which falls so much of the moral responsibility for taking the initiative in sharing with food-hungry nations, government proposals for providing economic aid abroad and meeting the high price situation at home were being readied, as this issue went to press, for presentation to the special session of Congress called for November 17. Toward the end of October, there were optimistic reports on the results—so far—of the voluntary wheat conservation program. Thanks to the cooperation of consumers, farmers, and distillers, the desired saving of 100,000,000 bushels of wheat by the first week in January, seemed assured. In his broadcast calling for the special session, however, President Truman gave information on needs abroad which showed that this saving was only a drop in the bucket.

"I do not believe," Secretary of State George C. Marshall told the New York *Herald Tribune* annual forum on October 22, "that any project of our government has ever received more careful study and preparation than this problem of the reconstruction of Europe." It is to be hoped that something of this earnest thoughtfulness can gain entrance to Congress on November 17.

Introducing—

Today, when the stereotypes of yesteryear still linger in the public conception of social work, adequate interpretation of modern social welfare programs and policies is a vital but unmet need. In the face of this gap in public understanding, any word of a renewed effort made by social agencies to develop and improve their publicity programs, is encouraging.

The public relations service recently set up by the Family Service Association of America is a case in point. This project will seek through the use of national publicity media to introduce more of the general public to the present day family agency and what it is prepared to do for people. It will also give assistance to member agencies in interpreting their services on the local level. James H. Scull, formerly public relations executive for United Seamen's Service, will head up the program.

In explaining the new service, Frank J. Hertel, general director of FSAA, pointed out that although 750,000 people were aided last year by FSAA's 240 member agencies, large numbers of people are still unaware of the skilled services available to them through family agencies. Many still think of them in terms of the "paternalism" and the relief functions of former decades. Only the better informed realize how these agencies, with a half century of accumulated knowledge and experience behind them, "have put the social sciences to work in combatting the admittedly alarming increase in divorce, broken homes, delinquency and other family ills," according to Mr. Hertel. Nor is it generally understood that the modern family agency is beginning to reach beyond the needy and desperate to provide service for the whole community, in such projects as marriage counseling and communitywide education for family living."

Accent on Youth

A roundup of news on state legislative action during 1947 sessions shows an encouraging trend toward helping young delinquents get their bearings in this unsteady world rather than meting out punishment only.

A number of states authorized interim groups to study youth troubles and services, with the provision that action was to be recommended to the next legislative session. Some states created new bureaus to deal expressly with youth problems. A majority of states emphasized rehabilitation of delinquents.

Wisconsin became the second state to adopt a plan based on the model act drafted by the American Law Institute. The Youth Service Act, passed by this legislature, is labeled by *Wisconsin Welfare* as "perhaps the most important single welfare bill enacted by this session." The act creates a Youth Service Division in the state Department of Public Welfare, with an eleven-member advisory Youth Service Commission appointed by the governor. It brings together in one program, the prevention of juvenile delinquency and correctional treatment of juvenile delinquents and young offenders up to the age of twenty-one.

The prevention program will provide services of experts in community organization to communities in planning and developing local prevention programs. The correctional program is aimed to eliminate haphazard and inequitable sentencing of young offenders by allowing for commitments to be made to a central state authority rather than direct to a correctional institution. Plans for correctional treatment will be made after comprehensive study and diagnosis of the individual.

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HERE IN WASHINGTON

IT WILL BE A SOBERED CONGRESS that gathers in Washington on November 17 for the special session called by President Truman.

Published interviews, both here and abroad, indicate that many of the members have been brushing up against the hard facts of our times, and there is quite a difference between just hearing about something and actually seeing it. The 80th Congress has a chance to be great, and many of its members are coming back to Washington determined that it live up to its opportunities. And the potentialities of greatness are there despite the antics of some of the headline snatchers.

Incidentally, this is the twenty-sixth time in history that a special session of Congress has been called. The first was called in 1797 by President Adams to suspend diplomatic relations with France, and the twenty-fifth by President Roosevelt in 1939 to repeal the 1935 Neutrality Act. The other special sessions marked times of emergency, but none of them could match the present call in seriousness.

✦ ✦ ✦

THE PRESIDENT'S CIVIL RIGHTS Committee is expected to make a report in the near future in which it will urge a full and fair hearing for those organizations branded "subversive" by the Department of Justice. It is understood that Attorney General Clark has already assured the committee that he will hear any organization that feels it has been unjustly tagged.

The committee is also urging federal agencies to make every effort to protect the civil rights of employes accused of disloyalty, including full information to the worker on the charges leveled against him, and fair and impartial hearings to sift the evidence.

✦ ✦ ✦

FOR TEN YEARS JERRY VOORHIS was a member of the United States Congress, representing the 12th California district. He failed of reelection in the last election and has since been devoting his abilities and energies to the writing of a book, "Confessions of a Congressman," published late last month (Doubleday Doran).

Mr. Voorhis was a good congressman. His integrity and ability were admitted even by those who disagreed with him most violently. His book should be required reading for anyone wanting to understand Washington and particularly Capitol Hill.

✦ ✦ ✦

HERBERT U. NELSON, executive vice-president of the National Association of Real Estate Boards, is said to have branded Senator Robert Taft (R. Ohio) as a radical because of his housing bill. Said Mr. Nelson:

"I predict that no man who stands for socialism in housing, in medicine, and in general welfare can become Republican nominee for the office of President of the United States."

✦ ✦ ✦

THE CITIZENS FOOD COMMITTEE is finding the going tough with only its chairman, Charles Luckman, viewing its chances of success with optimism. The opinion of Washington generally seems to be that only rationing will work but that rationing is politically out of the question in an election year.

The President will submit a program to Congress upon its return for the special session, but no one expects him to ask for the re-enaction of overall rationing legislation. At least, not at the consumer level.

✦ ✦ ✦

THE NATIONAL WOMAN'S Party has been furnishing the Washington newspapers with plenty of good "dog-days" copy. The "equal rights" organization is torn between two factions, both of which claim to be the legally elected directors. Both have gone to court to make their claim stick.

It seems that one group, termed the "insurgents" by the other, held an election last January. But the incumbents, elected in a mail order convention in 1945, refuse to turn over the keys to the party headquarters, a beautiful old colonial mansion on B Street, Northeast, not far from the Capitol. The late Mrs. O. H. P. Belmont, it will be remembered, bought the house and left it to the party in her will. Some of the officers of the organization live there, and all use it as a club.

The case is being heard by District Judge James Proctor. To date, he has reached no decision. So the older group is still hanging on to the so-called Belmont House and the two factions are not on speaking terms.

The party's pet legislative baby, the Equal Rights Amendment, is due to come up before the present Congress. That is, if the ladies can forget their "mad". long enough to give the proposal the necessary attention.

✦ ✦ ✦

AS A RESULT OF THE TWO-DAY conference held in Washington in October by the National Citizens Committee on Migrant Labor a new agency to help migrant farm labor has come into being.

The group will be known as the National Citizens Council on Migrant Labor. Its program, as outlined at the October conference, will include wage laws for migrant farm laborers, public control of labor camps, safe transport of workers, Social Security benefits, health and school services. The immediate object of the council will be to prevent the sale to private interests of the fifty-two permanent and seventy temporary federal farm labor camps. Under a recently passed law, the camps are to be sold and the council hopes to insure that the sale will be to public agencies or nonprofit farmers associations.

✦ ✦ ✦

THE AWKWARD WORDING OF AN ITEM on this page in September seemed to say that the Division of Labor Standards, U. S. Department of Labor, had ceased to exist. The intention was to report that the division has been eliminated from the picture, so far as the enforcement of the child labor provisions of the Fair Labor Standards Act is concerned. These functions were transferred to the Wage and Hour Division, with a greatly reduced appropriation. Though its activities have been curtailed by congressional parsimony, the Division of Labor Standards is going strong.

Rose Schneider

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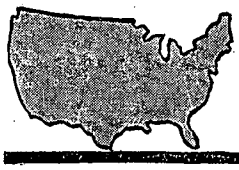

THE COUNTRY OVER

National Recreation Congress

An atmosphere of enthusiastic but sober recognition of gains and challenges in the recreation movement characterized the 29th National Recreation Congress held in New York, October 13 to 17, under the auspices of the National Recreation Association. Representatives from all parts of this country and Canada attended the event, which was organized in the best "recreation" manner with solid thoughtful sessions interspersed with dance exhibitions, puppet shows, and community "sings."

One highlight was an address by William F. Russell, dean of Columbia University's Teachers College, on "Recreation and the Atomic Age." Mr. Russell predicted that the coming atomic age would see great programs of recreation, public and private, to help people make suitable use of their increased leisure time. With the vast potentialities of atomic power for increased productivity and cheap power, people will work shorter hours, live longer, retire earlier in the future, he said. Failure to provide at least "the non-harmful use of leisure time" will lead to conditions similar to those under which Hitler and Mussolini came to power, he warned. He cited the rapid spread of excessive drinking, cabaret life, and other unwholesome diversion during wartime, as illustrative of what happens when people have time and money on their hands, and lack guidance in putting their time to productive use.

Comparing the present with an earlier agrarian age when the leisure time of the average citizen was filled with home duties, church programs, village fêtes, he predicted that "there will be provision for great programs of recreation supported by the public, such as national, state and local parks and playgrounds, game preserves, public theaters, opera houses, orchestras and hobby centers." Schools, churches, and private social agencies will devote much more time to preparation and planning for leisure time activities.

Recreation is particularly needed by the young today, he added. Because of union rules, seniority, veterans preferences and unemployment, young people often find it difficult to find suitable jobs and settle down at an early age as their forefathers did, and need help in making worthy use of their free time.

Planning

The three most important considerations in planning recreation for the community are sales promotion, the relation of the plan to the community as a whole, and ability to pay, C. Earl Morrow, chief planning engineer of the Regional Plan Association of New York City, told the session on planning and development of recreation areas.

Other factors discussed in the session as important in planning included: the racial, economic, and cultural interests of the community, available resources, climatic conditions, the possibility of sharing facilities with other areas, and the employment of qualified personnel. The danger of "bowing to the whims of pressure groups" in the community was warned against, since it "often results in poor over-all planning." In many cities, it was reported, recreation plans are considered at open public hearings or in neighborhood cooperative councils.

In the session on the problems of recreation agencies in cities of 10,000 and under, the main emphasis was on ways and means of devising an adequate program without prohibitive costs. Recommendations included a careful survey of the needs of the community and of available resources before making expenditures, trained leadership to keep the support of the community, and the use of volunteers. Several experimental programs are now being carried on in Indiana, Florida, West Virginia, and northern New York, where funds for recreation in small communities are being augmented by money from the township, county and, in some instances, the state.

Training

Present college curricula for training recreation workers were criticized at the session on graduate and undergraduate training for recreation personnel. Suggestions developed during the session aimed at turning out more well rounded recreation leaders included: recognition on the part of educators that recreation has an identity of its own and should not be tied to physical education; formation of state recreation associations; setting up of educational standards by the recreation profession; inclusion in the curriculum of courses in psychology and social science; greater responsibility on the part of elementary and secondary schools for teaching recreation skills; more attention on the part of curriculum planners to conference reports.

It was pointed out that the possibility of developing standards for recreation personnel will be very limited until there is some form of certificate for recreation workers.

Qualifications

Of major interest in the session on personnel standards and problems was the discussion of the attributes of a good recreation leader. Qualities stressed included: training in physical education and the social sciences; a background of experience in sports; and most important, such attitudes as a sense of the dignity of all men, understanding of human needs, a keen sense of humor, sympathy, a belief in democracy, and the ability to get along with people. The inclusion of an aptitude test in civil service examinations for recreation personnel was suggested.

Henry J. McFarland, Jr., director of the municipal service division of the Civil Service Division of New York, urged that public recreation agencies let the Civil Service Commission know what qualifications they consider most essential in recreation leaders, so that the commission may cooperate as intelligently as possible in providing personnel.

Hospitals

In the session dealing with hospital recreation for both veterans and civilians, Charles K. Brightbill, director of recreation and entertainment service, special services, Veterans Administration, described VA's recreation

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services for the 105,000 veteran patients in its 125 hospitals. A program of music, sports, discussion groups and concert series, is geared not only to the needs of the patients, their ages and disabilities, but also to fitting them into the community to which they will return. However, he declared that VA cannot handle this job alone, and needs help from the community.

Mary Alva Roof, supervisor of special services of the park and recreation department in Columbia (S. C.) reported that over thirty community organizations there are cooperating in providing a rehabilitative program for the patients in a nearby VA hospital.

On the Campus

Recreation in today's colleges is expanding and changing greatly to meet new problems of increased enrollment, accelerated programs, and housing difficulties, it was reported. To meet the needs of veteran students with families, on-the-spot, easily available, inexpensive recreation was recommended for the family as a group. On some campuses, the American Red Cross has set up bureaus to secure baby sitters for married veterans with small children. At Syracuse University, the veterans themselves organized a nursery school for their children.

An interesting new development is the joint participation of faculty and students in recreation activities. An instance at New Hampshire University was cited, where faculty and students join in a program of square dancing.

Essentials in planning college recreation, according to the group, include: a joint faculty-student planning committee; a central office to clear requests for the use of rooms and facilities; and a chairman to stimulate activities without being "too much in evidence." It was also suggested that the college program be tied in with recreation facilities of the community.

Oldsters

The keynote of the session on recreation for older people was the rewarding job of working with this hitherto-neglected group, for whom it was reported special activities are now being conducted in 254 cities.

Lillian Schwartz, supervisor of playgrounds and recreation centers in Dallas, Texas, declared that the lonely, forgotten oldsters in our midst are a challenge to all recreation workers. The mental and physical deterioration of these people, she declared, is due to the psychological consequences of social rejection, isolation, and lack of activity, as well as to physical changes.

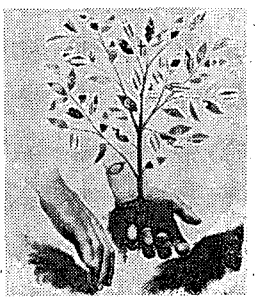
Georgene E. Bowen reported that forty clubs have been set up for oldsters in Philadelphia under the Recreation Project for Philadelphia's Older People, of which she is director. The project was started by the Philadelphia Recreation Association in 1945 at the request of the Health and Welfare Council, Inc., of that city. Under the program each club is sponsored by a social agency such as a settlement house or church, which provides space for the club to meet, and is responsible for its leadership, financial backing, and continuing program. The association stands ready to assist with suggestions, program materials, and training courses and conferences for club leaders. Total membership in the clubs is now 1,167, Miss Bowen reported. Each group elects its own program, according to its interests. Some specialize in crafts or music, others prefer games or a social hour.

It is desirable to have trained leadership for these clubs, according to Miss Bowen. However, some untrained people have developed very successful programs, with the assistance of the association. A leader to be avoided, she added, is the dominating person who may take from the old people their one chance "to say what they want and what they don't want."

Publicity

A publicity program based on a broader interpretation of recreation was strongly recommended. Telling the public that recreation "keeps the children off the streets," is no longer an adequate reason for enlisting public support, it seemed pretty clear.

To get more newspaper publicity, Edna A. W. Teall of the *Newark Evening News* suggested that agencies employ experienced public relations people to head up the publicity program; get acquainted with newspaper editors; provide newspapers with advance publicity, of scheduled events.



The United Nations and Social Work

UN's Social Commission, in its recent session concluded on September 13, reaffirmed the principle stressed at earlier meetings that social objectives are the ultimate aims of all human endeavor, to which economic aims should be subordinated. It is important to remember this principle now, writes Frantisek Kraus of Czechoslovakia, chairman of the commission, in the October 14 *United Nations Weekly Bulletin*, when "the international social field is not only overshadowed by the dark clouds on the political horizon but is itself rather barren." Most of the work in this field so far "has been devoted to the search for ways and means rather than to the cure and substance of specific problems."

A Social Policy

Mr. Kraus cites as a concrete example of this philosophy the commission's unanimous stand on the question of social needs in backward areas. The commission decided that "the standard of life in all underdeveloped countries—dependent or independent—should be the subject of international study, with a view to possible action to improve and raise that standard."

During the session, the commission also submitted to the Economic and Social Council a "practical procedure" for coordinating the work of specialized international agencies in the social field. This coordination is especially urgent, according to Mr. Kraus, since these agencies have been "competing with each other," and their lack of coordination has "contributed to the impression that international social policy today is barren."

On its list of social problems suitable for international action, the commission gave top priority to child welfare. Besides approving the short term program of the International Children's Emergency Fund, it gave precedence to the organization of long

The above design won first prize in a UN poster contest.

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range child and youth welfare services and to plans for machinery to put them into effect. Priority was also given to preparation of documentation on the Geneva Declaration with a view to its acceptance as the United Nations Charter of the Rights of the Child; and to principles underlying the treatment of family problems, including legislative measures and the desirability of international conventions on such matters as family desertion, protection of the child against neglect and cruelty and punishment for such crimes, and the status and protection of destitute and stateless children.

In cooperation with the Population Commission, the commission reviewed censuses of housing. It approved an outline for a Demographic Yearbook, and recommended that the secretary general submit a preliminary survey on immigration at its next session. With the participation of the Economic Commission, the international aspect of housing was given preliminary consideration. The commission accepted a proposal of the secretary general that he arrange for a study of house-and-country planning. Preliminary approval was given to a secretariat report on the prevention of crime and the treatment of offenders.

On the question of financing UN's advisory social welfare services which are conducted by the secretary general under the supervision of the commission, the majority of the commission voted to reject a United Kingdom proposal to cut the program's appropriation from a recommended $750,000 to $150,000.

Under the program which has been operating this year with a budget of $670,186, twenty-six expert advisers have been giving service in twelve nations; 125 fellowships have been approved; advice, demonstration, and instruction in the manufacture of prosthetic appliances and in the vocational training of the handicapped are being given in nine countries; and technical literature on social welfare subjects is being supplied to six countries.

The Social, Humanitarian and Cultural Committee also rejected the proposal to cut the appropriation for these services. Mrs. Franklin D. Roosevelt opposed the United Kingdom view that future UN action in this field should be based on stimulating nations to help themselves, pointing out that many countries do not have the trained people to be stimulated. Vicente Sotto (Philippines) declared that participating countries are already providing some assistance to the program, and that if they are also burdened with the cost of paying for the services, the nations which need help most would be unable to afford it. It was his conviction that concrete action by UN in the social field is its best propaganda.

Demography

UN's Population Commission has taken steps toward increasing the comparability of world statistics, reports Frank W. Notestein, director of Princeton's Office of Population Research, in the September 30 *United Nations Weekly Bulletin*. Looking ahead to the censuses which will be taken around 1950, the commission has provided for a mutual exchange of census plans, and has drawn up a recommended minimum list of subjects to be covered by each census.

The commission also has provided factual information about the world's population for UN organizations. It is planning a Demographic Yearbook to be published by the UN in 1948. The Yearbook will contain worldwide population data in the general divisions of area and population, economically active population, international migration, natality, mortality, morbidity, and marriage and divorce.

At the World Statistical Congress held in September in Washington, leading statisticians pledged aid to UN in developing comparable statistics.

ICEF

The International Children's Emergency Fund in its report to the UN General Assembly in October appealed to member nations to increase their contributions to the fund. With the $30,000,000 now on hand, ICEF has been able to make a start toward providing aid through the coming winter to between three and four million of the most desperately needy children in countries ravaged by war. Shipments of dried milk, fats, and canned meats from the United States and Canada have already reached Europe.

This aid falls tragically short of the need, however. An early survey by ICEF, which was set up last December by the General Assembly, indicated at least 60,000,000 children in Europe and the Far East in need of supplementary feeding and other material help, Maurice Pate, executive director of the fund, reports in the October 21 *United Nations Weekly Bulletin*. Pleading for additional contributions, he points out that the United States, which has appropriated $15,000,000 to the fund, has pledged another $25,000,000, provided this is matched by $30,000,000 from other nations.

With the resources now on hand, ICEF will be able to furnish one supplementary meal a day for six months to 3,500,000 children. The meal will consist of three cents worth of protective foods such as milk, meat, and fats from ICEF and three cents worth of domestically grown foods such as potatoes or vegetables, provided by recipient countries from their own resources. The benefiting nations are Albania, Austria, Bulgaria, China, Czechoslovakia, Finland, France, Greece, Hungary, Italy, Poland, Rumania, and Yugoslavia.

Much is hoped from the United Nations Appeal for Children, scheduled to launch its drive early next year. Under an international advisory committee, headed by Chester Bowles, national committees in each UN member country will seek to collect one day's pay or its equivalent from workers and other citizens. The bulk of the proceeds will go to ICEF.

In the United States this appeal will be an integral part of the united drive to be conducted by American Overseas Aid, Inc., next February. (See *Survey Midmonthly*, October 1947, p. 265.)

IRO

The Preparatory Commission of the International Refugee Organization is planning to ask UN member nations to accept specific quotas of the estimated 1,300,000 displaced persons still unsettled in Europe, as the only means of liquidating the problem in the forseeable future, according to an announcement on October 25. An international conference is proposed at which various governments may reach agreement as to the specific quotas they will accept.

The commission also recommends setting a deadline beyond which refugee status for IRO purposes could no longer be acquired; and the allocation to the commission of a three-year budget covering all expenses necessary to liquidate the DP problem.

As for the prospects for favorable United States action, settlement of the problem through international agreements reached with IRO was recommended in September by a subcommittee of the House Foreign Affairs Committee, which toured the DP camps last summer. Representative Frank L.

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Chelf, who visited the camps with the group, expressed the opinion that Congress would ratify "any reasonable" commitment made with UN for admission of a share of these people to the United States. The subcommittee found, according to Mr. Chelf, that the majority of the DP's would make good American citizens, want a chance to work, and are unexpectedly high in morale. A Senate subcommittee on immigration left for France in October to make its own study of the problem.

The commission is making a special effort to promote the resettlement of the intellectuals among the DP's. To date, governments who have accepted groups of DP's for resettlement, have taken largely manual and semi-skilled workers, rather than doctors, journalists, and scientists.

To open more doors to these valuable people, the commission has called a special Geneva conference of such voluntary agencies as the American Joint Distribution Committee, the Vatican Emigration Bureau, and the World Council of Churches. In the opinion of the commission, voluntary societies can be more effective in breaking down prejudices on the part of professional societies and other organizations against the admission of competitors, than can the commission by a direct approach.

Youth

Education in the art of living in "one world" seemed to be the keynote of United States youth groups organized under social, educational, and religious auspices and holding national or international meetings this summer.

Five hundred American exchange students sailed from New York for Europe on June 30, bound for periods of study at universities, visits to youth hostels, and attendance at international meetings. Two hundred of these young people attended the summer session at the University of Oslo. A group of American youth hostel members spent six weeks touring youth hostels in Norway in company with young Norwegian hostelers. A Girl Scout group went to England for the International Folk Dance Festival and then on to Switzerland for a six-week international Girl Scout encampment. Other students from various religious groups attended the World Conference of Christian Youth in Oslo.

A few days before the sailing, 100 Girl Scouts from every state in the United States, Puerto Rico, the Canal Zone, and twenty foreign countries converged on Barree, Pa., for an international encampment celebrating the 35th anniversary of the founding of Girl Scouting in the United States. Girls of many different religions and nationalities shared their interests in music, art, crafts, and sports, and held discussions on topics chosen by themselves, on the general theme, "Friendship Builds A Better World."

Almost a thousand American Boy Scouts sailed on July 24 to attend the Sixth World Scout Jamboree at Moisson, France. For nine days in August, young delegates from forty-nine countries swapped songs, stories of home, and coins of many realms as they sat together around campfires and in tent messes. A month later 2,500 professional scouters met on the Indiana University campus for the eighth national training course in which the national program of the organization in this country was reported on.

In July, the first postwar convention of the International Society of Christian Endeavor was held in San Francisco. The society, which claims a worldwide membership of almost 4,000,000, adopted "in principle" a proposal for a worldwide union of Christian Endeavor, the United Christian Youth Movement, and other Protestant Evangelical youth agencies into "an ecumenical Christian youth movement for Christ and the Church."

Young Transients

The California Youth Committee, appointed by the governor in 1945, has received a grant from the Rosenberg Foundation of San Francisco to study the extent of the problem of transient, migrant youth in the state. The plan of the study is to conduct simultaneous surveys in fourteen cities on main routes into the state or in areas where present reports indicate that migrant young people are congregating. Information will be obtained as the young people contact private and public youth-serving agencies.

Youth Conservation

A state citizens committee on children and youth has been organized on the initiative of the Federation of Women's Clubs in South Carolina. Twenty-three statewide organizations have been asked to join the committee "to coordinate the activities of the many statewide child welfare committees and to plan a program that will be helpful to organizations serving the needs of children." The planning board of the former Youth Conservation Committee will act as an advisory body for the new committee. The Youth Conservation Committee, appointed by the governor in 1945, was the outgrowth of a movement originated by the federation. It had conducted a number of fact finding studies in the fields of services to children and youth, to be used as a basis of recommendations for the "development of adequate resources and facilities for the sound growth of all the children" in the state.

Shoeshine Boys

"Shoeshine," the Italian film which had its American premiere in New York in late summer and early fall and will be shown throughout the country during the coming months, is a realistic presentation of the life and times of the now famous shoeshine boys in Italy. Beloved of GI's, these ragged youngsters, made wise beyond their years by war deprivations, are shown trying to make their way in a situation where they must compete with adults in the fight for survival. Caught in the toils of the law, they are herded into institutions where those in charge are also driven to the extremity by the disorganization of the country.

The children themselves are warm and human. Legally labeled "bad boys" they are portrayed in relation to their motivations so that the whole becomes an extraordinarily convincing interpretation of human behavior.

Directed by Vittorio De Sica, with scenario by Sergio Amidei and others, and English titles by Herman G. Weinberg, the film is a release of the Lopert Films, Inc.

In Print

"Keeping Up With Teen-Agers," by Evelyn Millis Duval, is Public Affairs Pamphlet No. 127, one of a series on personal problems and family life. Dr. Duval submits that the change from rural to urban living has accentuated the inevitable differences between young people and their parents. City life, she says, offers so many choices and so few controls that the standards youth lives up to must come from within themselves.

Subscription and quantity rates may be obtained from the committee, 22 East 38 Street, New York 16.

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About People

Plans are well under way for the National Conference on Family Life, to be held at the White House next May 6 to 8, to seek specific ways of strengthening the American family.

The original idea for the conference came from the American Home Economics Association in 1944, and quickly drew support from the National Planning Association and the Woman's Foundation. Its sponsors now number 110 national organizations, with a combined membership of over 40,000,000.

A board of directors, composed of representatives of labor, business, the professions, and religious and civic groups, will carry responsibility for the meeting, under the chairmanship of Eric Johnston, president of the Motion Picture Association of America. Boris Shishkin, American Federation of Labor economist, is vice-chairman.

According to Mr. Johnston, the conference will "take stock of the family in the modern postwar world" and "will develop guideposts for voluntary programs of action which would help achieve greater security for the family and all its members, including mental and emotional as well as physical and economic security."

Preliminary work for the conference will be done by special committees, which will assemble data on such subjects as the high divorce rate and housing needs for presentation at the meeting. The conference will also have the benefit of a technical advisory committee, headed by Ernest G. Osborne of Columbia University and aided by government personnel.

Schools

Mark Hale, formerly on the faculty of Tulane University, has been named chairman of the department of social work at the University of Missouri.

Matthew Schoenbaum is the new dean of the school of social work at Loyola University, succeeding Roman Haremski.

Howell V. Williams has been appointed dean of the Kent school of social work, University of Louisville.

The University of Hawaii has made three new appointments to its school of social work. Katherine Handley, formerly on the staff of the University of Illinois, has been appointed director of the school. New faculty members are James McDonald, formerly on the staff of the Illinois Public Aid Commission; and Virginia Kitzmiller, recently executive secretary of the Children's Service League in St. Petersburg, Florida.

Mental Health Council

The U. S. Public Health Service has appointed two new members of the National Advisory Mental Health Council: Dr. Alan Gregg, of the Rockefeller Foundation, and Dr. Karl M. Bowman, superintendent of the Langley Porter Clinic in San Francisco. They succeed Dr. Frank F. Tallman of Columbus, Ohio, and Dr. George S. Stevenson, medical director of the National Committee for Mental Hygiene, who on the expiration of their terms on the council were appointed consultants in mental health to the Public Health Service.

New Jobs

Helen M. Harris has been appointed executive director of United Neighborhood Houses, a central organization of fifty neighborhood centers in New York City. Miss Harris was recently consultant on child welfare for UNRRA in China, and previously headed the New York City mayor's committee on the wartime care of children.

The American Red Cross has named Colin Herrle as national administrator, disaster preparedness and relief. Associated with ARC since 1910, Mr. Herrle served as assistant national director of domestic operations in charge of disaster relief during the war.

The Federal Council of the Churches of Christ in America has named Arthur S. Flemming, president of the Washington Federation of Churches, to head its new department of the church and economic life. According to the September *Federal Council Bulletin*, "a basic part of the department's program will be a continuation of the process begun at the Pittsburgh conference last February, when 350 outstanding leaders in various sections of economic life came together as churchmen to discuss the responsibility and program of the church in economic relationships."

Joan Kain has joined the staff of the American Association of Schools of Social Work as assistant executive secretary. Previously Miss Kain worked with UNRRA, serving in France and Germany.

The Virginia Conference of Social Work has appointed Mary Alice Roberts as its first full time executive secretary. Miss Roberts is president of the conference for 1948. For the past four years, she has been superintendent of the Richmond Social Service Bureau.

William H. Savin has been appointed executive director of the Massachusetts Society for Mental Hygiene. Mr. Savin has been serving as director of the American Epilepsy League, following his release from the army after four years of military service. He was previously director of the Family Service Association of Washington, D. C.

Resigned

George J. Nelbach has resigned as executive secretary of the state committee on tuberculosis and public health of the State Charities Aid Association in New York, after forty years of notable service with the association's tuberculosis control program.

Mr. Nelbach has played a conspicuous role in the expansion of county and city health departments in the state as well as in the successful campaign launched in 1946 to reduce diphtheria to a minor problem through the mass inoculation of young children. He served on the board and budget committee of the National Tuberculosis Association and as chairman of the health division and member of the executive committee of the National Co[illegible] Robert W. Osbo[illegible] has been appointed [illegible] secretary.

In Print

"Postwar Problems of Migration," published by the Milbank Memorial Fund, is a collection of eleven papers presented at the Round Table on Population Problems during the 1946 conference of the fund. The papers are grouped so that the first section deals with migration in a world setting, with specific discussions of Asia, Latin America, and Europe. A second section includes papers on the present status of immigration into this country, the demographic and economic implications of larger immigration, and recent refugee immigration from Europe. A third section presents four papers which discuss several aspects of wartime migration in the United States.

One dollar from the fund, 40 Wall Street, New York 5.

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BOOK REVIEWS

A TREASURY OF MEXICAN FOLK WAYS, by Frances Toor. Crown Publishers. $5.

MEXICO HAS NEVER BEEN SO SYMpathetically, interestingly, and completely introduced to the English-speaking public as in Frances Toor's "A Treasury of Mexican Folkways." In future, no one who wants to know about Mexico or plans to go there can do without the book, or, using it, can fail to have an understanding of Mexican ways and an insight into Mexican life that will enrich contact with the country and its peoples.

Every question the intelligent, interested, curious visitor has ever asked finds an answer in this "treasury." In a bit over five hundred pages of text, 170 photographs, and the fine drawings and color plates of Carlos Merida, Miss Toor has packed in information on every aspect of the life of the native Mexican peoples, in all regions of the country. In spite of the extraordinary diversity of cultures and environments, she has managed to establish an orderly marshaling of facts of description and explanation, noting similarities and differences, suggesting relationships with the pre-conquest and Spanish past, in order to present a comprehensive account of Mexican life. She is concerned with the native peoples, the descendants of the pre-conquest races of Mexico, who represent the indigenous culture of the country. She has organized her information around every phase of their daily living, taking up in turn family relationships, the native arts and crafts and costumes, religious practices and customs, social life, dance, song, music, and the tales and legends of the various regions.

With a good index, notes, glossary, and bibliography the book is in a form useful for reference. But it reads easily and pleasantly. The well chosen photographs help to make the descriptive text clear. Merida's drawings are informative as well as decorative. His plates establish well the Mexican atmosphere in color and in design, so the physical make-up of the book serves in a way to introduce the essential character of Mexico, subtly, as the text does explicitly. The section on music, with airs noted and carrying the text of songs, is a notable addition also.

Miss Toor has spent many years in Mexico looking, listening, and learning. Perhaps because she came from another land with a completely different heritage she was more interested in all those characteristics of the life of the people that the Mexican of education took largely for granted through long familiarity. She noted, compared, and tried to understand. She studied archeology in the great sites, but also in the life of the villages where often archeology lives on into our own time. She came to understand the Mexico of today against the background of the Mexico of the Spaniards, and before.

It is the whole picture, very scientifically noted, very sensitively understood, and very intelligently interpreted which she presents in her book. She has enjoyed and loved Mexico so intensely that she has found this way to help others toward her own understanding, and it is likely to prove a major contribution to greater sympathy for Mexico among its neighbors of the United States.

GRACE L. MCCANN MORLEY
Director
San Francisco Museum of Art

FREEDOM AND ORDER—LESSONS FROM THE WAR, by Eduard Heimann. Scribner's. $3.

EDUARD HEIMANN IS A DISTINguished scholar who left Germany and came to the United States very early in the Hitler regime. Since his arrival in this country he has both wielded his pen and raised his voice in democracy's behalf. As author of two important works, as well as many magazine articles, he has earned the right to a careful reading by thoughtful Americans. In this present volume he adds to his stature as an intelligent advocate of the democratic way of life.

The author tells us that "there cannot be personal freedom without there being order in the life of the community. It is the relationship between freedom and order which this book attempts to trace . . . ." It is his contention that in our search for freedom we in the democracies have neglected the order which is needed to complement freedom, and that in thus neglecting order we have allowed it to become the prerogative of the totalitarians. In this analysis of the problem of maintaining order and justice without loss of the so-called essential freedoms, the author has made a real contribution to contemporary thought.

It is one thing to recognize and analyze the problem, and quite another to suggest its solution. This volume is important for its success in the former; it is disappointing in its failure to provide the latter. Many readers will wish to turn from this to the valedictory of the late Carl Becker, "Freedom and Responsibility in the American Way of Life," which they will find especially rewarding in the light of Eduard Heimann's analysis.

RALPH ADAMS BROWN
State Teachers College
Cortland, N. Y.

THE WALLS CAME TUMBLING DOWN. Autobiography of Mary White Ovington. Harcourt, Brace. $3.

DURING THE LAST HALF-CENTURY, the American Negro has broken through a wall of neglect coated with false sentiment. Without revolution, he has accomplished the second step in his emancipation: he has gained a foothold in almost every class, at least symbolic achievement in almost every kind of human endeavor, has won the ear of the world as an aspirant to complete equality.

Miss Ovington modestly tells of her own part in this movement, and especially in the growth of the National Association for the Advancement of Colored People, of which she was one of the founders. With more than half a million members, an annual revenue of almost half a million dollars, and at least a score of law suits won before the Supreme Court of the United States, the association has become politically important. It has put millions of dollars into the pockets of civil servants, teachers, and industrial workers. It has given hope and definite goals to millions more. Yet, some of its original problems remain unsolved.

This social movement shares with others the dilemma that support can best be secured by emphasis on individual suffering: gross injustice, lynch-

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ings, evictions, discriminations, insults. But such an emphasis in the long run tends to falsify the major problem. This is essentially one of everyday experiences to which all the members of the group are exposed and which lessen both its happiness and its effectiveness as a contributor to the general welfare. The dramatic appeal produces an emotional sympathy with the victim which, when in every case it identifies him as a member of a separate group, slows up the growth of rational sympathy, the recognition of common stakes. To some extent this tendency has been counteracted in the work of the NAACP by its espousal of Negro art and literature. But this emphasis also can become excessive and give a false direction to the reeducation of public attitudes.

This book, then, is a timely reminder of the progress toward justice which is possible in spite of an unfavorable general social situation. It vindicates the devoted labors of those who, in the first two decades of this century, laid the basis for a new strategy of "uplift"—whose clear statements of fact, incisive charges and positive claims have proved to be just the impact that was needed to awaken the conscience of America. It also leads the thoughtful reader to suspect that the time has come for an even broader approach, for new methods to advance the common cause of colored and white Americans.

BRUNO LASKER
Southeast Asia Institute
New York City

LOGIC FOR THE MILLIONS, by A. E. Mander. Philosophical Library. $3.

OF THE MAKING OF POPULAR volumes on the nature of the reflective processes there is no end. But this version with its variations on the theme is not just one more. It is written with clarity, discrimination, and acumen. It addresses itself to the layman's problems of thinking straight. It uses an italicizing of central truths helpfully and its concrete illustrations are sufficient to carry its theory with persuasion. The book does not pretend to essential novelty but its value is not thereby lessened.

Both the adult who is without benefit of a course in logic (or who has forgotten his college work) and the general reader dismayed by the more rigorous and formal texts can gain help from this introduction to scientific method.

Actually the problem posed by this interesting analysis lies elsewhere. It is: how through educational processes, formal and informal, is it possible to get the basic rational and reflective methods here so lucidly set forth into the habitual thinking of an entire new generation? Nothing less than this is desirable and needed. Hopefully, if this book could be thoroughly conned in the third and fourth year of every high school in the country for the next ten years, and under convinced and exciting teachers, a dent might be made.

It is that kind of a book. If you want to know what "belief" is and "what you may believe" what "evidence" is and "generalization," "explanation," "theories," and "deductive reasoning" (these are chapter titles), here is a good, sound, simple handling of these themes. It is a valuable book.

ORDWAY TEAD
Lecturer, Columbia University
New York City

WORK RELIEF IN NEW YORK STATE, 1931—1935, by Alexander Radomski. King's Crown Press. $3.50.

THEY ARE HISTORY NOW, THOSE FOUR dark years of depression, with their improvisations of relief administration which have become the subject of learned monographs, their frantic effort to get help to desperate people which is the object of dispassionate academic examination.

Let it be said at once that this reader was a poor choice to review Alexander Radomski's cool objective study of the genesis and development of work relief in New York State from the passage of the Emergency Relief Act and the creation of the Temporary Emergency Relief Administration, in September, 1931 until the end of 1935, when the federally administered WPA took over. She remembers too well the faces of the men who stood in line one bitter November dawn in the hope of getting a job—yes, on work relief—in place of a meal ticket. She remembers the look of them as they waited their turn in the office and the rustle that went down the dreary line when one of them came out shouting, "I got it."

None of these people are in Mr. Radomski's book. He is concerned not with the human content of the program but with its administrative aspects, the legal framework in which it was set, the rules and regulations that shaped its functioning, the duration and source of its funds, and the variations in procedure that prevailed. For his material he goes to the record, and anyone who had any part in the program will agree that there must be plenty of record to go to. His study, he says, is a "descriptive survey" justified by the significance of "a large scale social experiment involving huge public outlays. . . . An added reason for undertaking such a task arises from the confusion surrounding the concept of work relief largely due to the curious admixture of relief and employment elements."

Mr. Radomski reverts frequently to the "curious admixture" and strives to resolve the "confusion," but in the end he admits that it is likely to persist, largely because "important cross-sections of the population . . . continue to cling tenaciously to . . . such beliefs as . . . work in most any form helps to maintain 'morale,' 'initiative,' 'self-respect' and so forth. . . ." To which those shivering men lined up in a chill November dawn would surely bear witness.

In his first two chapters, the author reviews the historical context of work relief and the early "tendency" in New York State to put it on a par with home relief. Although exhaustively documented, these background chapters seem to this reader to have at least one important omission. At no point is there any specific allusion to the projects which the late William H. Matthews carried on for years in New York City under the aegis of the then Association for Improving the Condition of the Poor, projects which constituted in effect a "pilot plant" for the later development of the great public undertakings of work relief. It was on his experience with the Matthews projects that Harry L. Hopkins drew heavily, as he always freely admitted, in shaping those great public undertakings both as to philosophy and and as to method. To fail to recognize the significance of the Matthews pilot plant and to lump it in with other early efforts which "it seems plausible" helped to prepare the way for a statewide public program is, to use Mr. Radomski's word, "curious."

Mr. Radomski is probably at his best in discussing the "search for stability" by the Governor's Commission on Unemployment Relief, the effort to weave "into the structure of established agencies the administrative mechanism for work relief." But here again he seems irked by "the curious admixture of re-

(Continued on page 327)

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DIRECTORY OF SOCIAL ORGANIZATIONS

American Red Cross

THE AMERICAN NATIONAL RED CROSS—Administered through national headquarters in Washington, D. C., and five area offices in New York, N. Y., Alexandria, Va., Atlanta, Ga., St. Louis, Mo., San Francisco, Calif. There are 3,754 local chapters organized mostly on a county basis. Services of the Red Cross are: Services to the Armed Forces, Services to Veterans, Community Service to Camps and Hospitals, Relief to Prisoners of War, International Activities, Disaster Preparedness and Relief, Nursing Services, Nutrition Service, First Aid, Water Safety and Accident Prevention, Blood Donor Service, Volunteer Special Services, American Junior Red Cross, and College Units.

Blind

AMERICAN FOUNDATION FOR THE BLIND, INC.—15 West 16th Street, New York. A national organization conducting research and field service. Library. Mechanical appliances for the blind. William Ziegler, Jr., President; Robert B. Irwin, Executive Director.

Community Chests

COMMUNITY CHESTS AND COUNCILS, INC., 155 East 44th Street, New York. Information and consultation about cooperative planning and financing of social work through chests and councils of social agencies.

Family Living

ASSOCIATION FOR FAMILY LIVING, THE. Resource in child guidance, marriage, and family relations. Speakers, counseling, library and materials in youth and parent education. 209 S. State St., Chicago.

THE AMERICAN INSTITUTE OF FAMILY RELATIONS (inc. 1930), directed by Paul Popenoe. Public education, personal service, research. Write for list of publications. 607 S. Hill St., Los Angeles, Calif.

Foundation

RUSSELL SAGE FOUNDATION—For the improvement of social and living conditions —Ralph G. Hurlin, Acting General Director, 130 E. 22nd St., New York 10. Departments: Industrial Studies, Library, Social Work Administration, Social Work Year Book, Statistics, Studies in the Professions. The publications of Russell Sage Foundation offer to the public in practical and inexpensive form some of the most important results of its work. Catalogue sent upon request.

Industrial Democracy

LEAGUE FOR INDUSTRIAL DEMOCRACY —Promotes a better understanding of problems of democracy in industry through its pamphlets, research and lecture services and organization of college and city groups. Executive Director, Harry W. Laidler, 112 East 19th Street, New York 3, N. Y.

Racial Adjustment

NATIONAL URBAN LEAGUE with 54 branches seeks to improve living and working conditions among Negroes. Conducts surveys and research as basis for its services. During war and post-war period specializes in securing full use of Negro manpower in production and reconversion. Publishes "Opportunity," Journal of Negro Life, and other special bulletins on interracial and community problems. Provides fellowships in Social Work and Labor Relations. Gifts solicited. 1133 Broadway, New York 10.

TUSKEGEE INSTITUTE, since 1881, has followed a program of service in offering practical training for Negro youth and in promotion of interracial good will. Maintains Department of Records and Research for compiling and releasing pertinent information on race relations and Negro progress. Published material available. F. D. Patterson, President, Tuskegee Institute, Alabama.

Child Welfare

BERKSHIRE INDUSTRIAL FARM, Canaan, New York. A national, non-denominational farm school for problem boys. Boys between 12 and 14 received through private surrender or court commitment. Supported by agreed payments from parents or other responsible persons, in addition to voluntary contributions. For further information address Mr. Byron D. Paddon, Superintendent, or the New York Office at 101 Park Ave. Tel.: Lex. 2-3147.

BOYS' ATHLETIC LEAGUE, INC., 112 East 19th Street, New York 3. Algonquin 4-1753. Arranges invitation tournaments in indoor and outdoor sports for Boys' Clubs, Social Settlements, Community Centers, Church Houses, Y. M. C. A.'s, Y. M. H. A.'s, etc., throughout Greater New York. Gustavus T. Kirby, Honorary President; Malcolm Van Zandt, President; Stanley deJ Osborne, Treasurer; Willard L. Kauth, Director. Sponsors: The Benjamin Harrison Recreation Center, 657 Tenth Avenue; The Lincoln Recreation Center, 235 West 113 Street; Tot-Lot Playground, 422 West 49th Street; Camp Sebago, Camp Wakonda and Camp Orenda in the Palisade-Interstate Park; Co-Sponsor School Settlement, 120 Jackson Street, Brooklyn; Lafayette Community Center, Sumner and Lafayette Streets, Brooklyn.

BOYS CLUB OF AMERICA, INC., 381 Fourth Avenue, N.Y.C.—David W. Armstrong, Exec. Dir. A national organization. Serves member Clubs in programs, activities, methods, financing. Organizes new Clubs. BoysCluBs prepare boys for responsibilities of citizenship. Activities include recreation, physical and health training, vocational training and guidance, and character building under leadership. Work with boys from low income areas.

BOY SCOUTS OF AMERICA, 2 Park Ave., N.Y.C. Inc. in 1910 & chartered by Congress in 1916 to develop character in boys & train them in citizenship. Programs: Cubbing, boys 9-11; Scouting, 12 and older; Senior Scouting, 15 years and older, available locally through sponsorship by schools, churches, fraternal orders, civic groups, etc. Amory Houghton, Pres., Dr. Elbert K. Fretwell, Chief Scout Executive.

CAMP FIRE GIRLS, INC., 88 Lexington Ave., New York City 16. Dr. Bernice Baxter, President; Miss Martha F. Allen, National Executive. Founded by a group of educators; incorporated 1912. Oldest national organization in America serving girls, provides health and character building program, with emphasis on home skills. Age groups served are Blue Birds (7-9 years), Camp Fire Girls (10 through junior high school age), and Horizon Clubbers (senior high through junior college).

CHILD WELFARE LEAGUE OF AMERICA —130 E. 22nd Street, New York City. A league of children's agencies and institutions to secure improved standards and methods in their various fields of work. It also cooperates with other children's agencies, cities, states, churches, fraternal orders and other civic groups to work out worthwhile results in phase of child welfare in which they are interested.

THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC., 11 South LaSalle Street, Chicago 3, Illinois. E. W. Palmer, President; Lawrence J. Linck, Executive Director. The Society through its 2000 state and local member units seeks to provide health, welfare, educational, recreational, vocational and employment services to all types of handicapped persons, adjusting its services to each community and the programs of other agencies. Maintains special cerebral palsy services; consultation by professional staff; loan library. Financed by annual sale of Easter Seals. Publishes "The Crippled Child," a magazine for parents of handicapped children, bimonthly, $1.00 a year.

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Health

AMERICAN HEARING SOCIETY — 1537 35th Street, N.W., Washington 7, D. C. A national organization devoted to prevention of deafness, conservation of hearing and rehabilitation of the hard of hearing. Monthly publication, HEARING NEWS, $3.00 a year. Literature for sale. Information given concerning problems of the hard of hearing. Field Service. C. Stewart Nash, M.D., president; Harry P. Wareham, Executive Vice President.

NATIONAL JEWISH HOSPITAL AT DENVER, 3800 East Colfax Ave., Denver, Colorado. Samuel Schaefer, Executive Director, Allan Hurst, M.D., Medical Director. Free, non-sectarian for needy tuberculous adults and children. (Kosher dietary.) Maintains children's service. Medical, educational, vocational, occupational, psychological, psychiatric and social services. H. J. Corper, M.D., Research Director; Mrs. Ruth Hornbein, Director of Social Service and Vocational Therapy. New York area: 19 West 44th Street, Philip Houtz, director; applications to Mrs. Erna L. Lindebaum, director of Social Service. Philadelphia area: 1831 Chestnut St., David Mahler, director. Chicago area: 58 E. Washington, Gene Pollick, director. Los Angeles area: 747 So. Hill St., Albert J. Silverman, director. Other applications through local Jewish Federation and Welfare Funds or direct to Hospital.

NATIONAL TUBERCULOSIS ASSOCIATION—1790 Broadway at 58th St., New York. Dr. Kendall Emerson, managing director. Pamphlets of methods and programs for the prevention of tuberculosis. Publications sold and distributed through state associations in every state. American Review of Tuberculosis, medical journal, $8.00 a year; and Monthly Bulletin, house organ, free.

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. (formerly Birth Control Federation of America)—A clearing house cooperating with social workers in referring mothers to medically directed birth control clinics in 39 states, including 20 centers in Greater New York. In areas lacking centers, qualified physicians are available. Phone or write: 501 Madison Avenue, New York City. WIckersham 2-8600. Honorary Chairman, Margaret Sanger. Chairman, The Rev. Cornelius P. Trowbridge; Acting Medical Director, L. E. Kling, M.D.

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NATIONAL RECREATION ASSOCIATION —315 Fourth Ave., New York City. To bring to everybody in America, young or old, an opportunity to find the best and most satisfying recreational use of leisure time through participation in music, drama, sports and games, arts and crafts, nature activities; and to help secure adequate playground, recreation centers, swimming pools, beaches, athletic field and other recreational facilities.

Penology

THE OSBORNE ASSOCIATION, INC., 114 East 30th Street, New York, N. Y. Telephone CAledonia 5-9720-9721. Activities: —Collects information about correctional institutions and works to improve correctional methods and standards. Aids released prisoners in their problems of readjustment by securing employment and giving such other assistance as they may require. Austin H. MacCormick, Exec. Dir.. Robt. R. Hannum, Dir. of Vocational Placement.

Social Work Personnel

SOCIAL WORK VOCATIONAL BUREAU— 122 East 22nd Street, New York City. National placement and counseling service in case work fields. Membership organization For social workers and agencies. No placement fee. Joe R. Hoffer, director.

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Directory of Social Organizations (cont.)

National Conference

NATIONAL CONFERENCE OF SOCIAL WORK, 82 N. High. St., Columbus, Ohio; Leonard W. Mayo, President, Cleveland, Ohio. The Conference is an organization to discuss the principles of humanitarian effort and to increase the efficiency of social service agencies. Each year it holds an annual meeting, publishes in permanent form the Proceedings of the meeting and issues a quarterly Bulletin. Proceedings are sent free of charge to all members upon payment of a membership fee of $5. 75th Annual Meeting, April 17-23, 1948, Atlantic City, N. J.

Religious Organizations

HOME MISSIONS COUNCIL OF NORTH AMERICA—297 Fourth Ave., New York City. The inter-denominational home mission body of 23 denominations. Executive Secretaries, Edith E. Lowery, Mark A. Dawber; Migrant Supervisors: Western, Mrs. F. E. Shotwell, 3330 West Adams Blvd., Los Angeles, Calif.; Mid-Western, The Rev. Ellis Marshburn, 203 North Wabash Ave., Chicago, Ill.

NATIONAL JEWISH WELFARE BOARD, 145 East 32 Street, New York 16, N. Y. Frank L. Weil, President; Joseph H. Cohen, Treasurer; Joseph Rosenzweig, Secretary; S. D. Gershovitz, Executive Director, A national agency serving as National Association of Jewish Community Centers, YMHA's, etc., and providing welfare, religious and social activities for soldiers and sailors and other members of armed forces. A member of the United Service Organizations.

NATIONAL BOARD, YOUNG WOMEN'S CHRISTIAN ASSOCIATION, 600 Lexington Ave., New York City. An international Christian woman movement devoted to service for women and girls and the attempt to help build a society in which the abundant life is possible for every individual.

NATIONAL COUNCIL OF YOUNG MEN'S CHRISTIAN ASSOCIATIONS—347 Madison Ave., New York City; 1201 local Associations federated for Christian leadership and citizenship training among young men and boys.

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(Continued from page 325)

lief and employment factors," and by the readiness with which the TERA turned over its work program to the WPA with the pronouncement that "the fundamental basis of relief throughout the state is home relief."

Let there be no doubt of it, Mr. Radomski has done a good and a valuable job in assembling and organizing an immense amount of material and in plotting the tortuous course of administration through the tangled maze of local, state, and federal direction. His book, with its solid marshaling of facts, figures, and citations to legal sanctions, will be thumbed by students of public affairs for a long time to come. That it has no people in it is not put forward as criticism. It simply is not that kind of book. And by that very fact, this reader was a poor choice as a reviewer of it.

GERTRUDE SPRINGER
Osterville, Mass.

LABOR'S RELATION TO CHURCH AND COMMUNITY, edited by Liston Pope. Harper. $2.50.

"THE BASIC IDEALS OF THE LABOR movement are the basic ideals of the Church." This assertion near the end of the book may well serve as the premise and the conclusion of the entire presentation.

The volume is a symposium of the personal experiences, opinions, and recommendations of representatives of labor, the clergy, the educational and social fields, and of the Department of Labor. That the expressions of organized labor predominate is well, in that the reader is thereby informed as to the constructive thinking that is being done by labor leaders.

"Labor and the Community," "Labor and the Church," "Spiritual Autobiographies of Labor Leaders" constitute the three divisions of the work.

What part has labor had in the development of America? What have trade unions had to do with free public education? What do increased wages mean toward communitywide improvements? Is collective bargaining helpful to management and labor alike? Have labor-management committees a good record?

What about labor and peace? Can there be peace without imperialism? What is the place of the International Labor Organization in securing universal peace? What is meant by "return to free enterprise?" What of the profit motive?

Is political action a legitimate activity of labor unions? What is labor's position and purpose regarding minorities, and children and women in industry?

These are among the timely questions discussed.

Labor is depicted as vitally interested in the whole individual and the whole community regardless of the individual's race, color, creed, social or economic standing, and whether the community is the little world of one's personal concern or the big world of everyone's interest.

Closely knit are the attitudes of labor and the Church toward the community. "Horace Mann and other pioneers," it is stated, "received more help from the labor groups than from any other section of the community."

The leaders of the Church need to come to a better understanding of labor, its contributions, and its goals. They need no longer see through a glass darkly, but rather face to face, the social and economic conditions which have been such a challenge to the religious-minded men and women who have found an outlet for their pentup feelings and convictions in the labor movement.

This book of less than two hundred pages contains valuable helps, and closes with the autobiographies of those who testify that "the basic ideals of the labor movement are the basic ideals of the Church," and who have manifested their belief in the Fatherhood of God as expressed in the brotherhood of man.

C. CLARK SHEDD
Executive Secretary
Toledo Council of Churches

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WORKERS WANTED

IMMEDIATELY: A man and woman for group work activities in a social settlement located in midwest city of 120,000. Salary range $2,400 to $3,200. Camp experience desirable as well as ability to direct work of volunteers. 8654 Survey.

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CHILD GUIDANCE caseworker needed for small multiple function agency near New York having part-time psychiatrist, psychologist. Start at $3000. Written personnel policies. 8652 Survey.

EXPERIENCED CHILD WELFARE WORKER for non-sectarian Maternity Home. Intake and Placement. Chest Agency. Salary based on training and experience. Contact The Volunteers of America, 303 Vincent Building, New Orleans, La.

SUPERVISOR, male, in a psychiatrically oriented child welfare agency carrying on work of an integrated casework-group work nature with emotionally disturbed boys age 8 to 17. Must have two years Masters degree in social case work with psychiatric case work and/or child welfare as a specialization, also courses in group work. Experience as supervisor in child guidance clinic and/or children's case work agency; also some experience in social group work and camping. Position open March 1, 1948. Salary in accordance with Welfare Council of Metropolitan Los Angeles standards schedule. Jewish Big Brothers Association and Camp Max Straus, 610 Temple Street, Los Angeles, Calif., Milton L. Goldberg, Ex. Director. Can offer temporary housing.

CASEWORKER who has had no less than one year's experience as a salaried person in a licensed Child Placement Agency and who is a graduate of an accredited school of social work. Excellent opportunity since this agency is newly organized. Ideal working conditions and personnel practices. Salary $2700-$3000. Send full background of education, experience to Family Service Agency, 616 W.C.U. Building, Quincy, Illinois.

CLINICAL DIRECTOR for small school for problem boys ages 14 to 17. Supervise three case workers. Correlate into program the work of psychiatrist, psychometrist, and medical staff. Assist in in-service training program. Interpret mental hygiene approach to staff. Individual guidance. $3,825. Boys Republic, Farmington, Michigan.

DIRECTOR OF SOCIAL SERVICE, outstanding nonsectarian, interracial, children's center. Group living plus psychotherapy. Responsibility for treatment, under direction outstanding analyst. Agency contemplates expansion of service. Administrator graduate SASS, Western Reserve. Must be Graduate accredited school, 3-5 years experience preferably in child guidance clinic or institutional setting. Opening January 1st. Write Director, Ridge Farm, 40 East Old Mill Road, Lake Forest, Illinois (50 minutes Chicago loop).

OFFICE MANAGER, ACCOUNTING DEPARTMENT, for national welfare agency. College graduate, major in accounting. Experienced in office management and administration, supervision, and procedures. Salary range $3500-$4500. Write or telephone United Service for New Americans, Inc., 15 Park Row, New York 7, N. Y., CO 7-9700.

SENIOR and JUNIOR CASEWORKERS wanted for home finding and adoptive studies, excellent supervision assured. Salary range— $2200 to $3000. Write to the Children's Home Society of Florida, 403 Consolidated Building, Jacksonville 2, Florida.

CASEWORKER, graduate training. Salary commensurate with experience. Opportunity for rapid advancement. Salary range $2400-$3600. Jewish Social Service Bureau, 144 Baden Street; Rochester 5, New York.

GENERIC SOCIAL WORKER wanted for experimental job in Girls' Residence. Salary $2400 plus full maintenance. Contact Clara de Hirsch Residence, 225 East 63 Street, New York City. Rh. 4-7960.

CASEWORKER, woman, A.A.S.W., or equivalent, for new rapidly growing family agency. Very good opportunity for a competent worker. Salary commensurate with training and experience. Family Service of Altoona, 510 Commerce Building, Altoona, Pa.

CASEWORKER, trained, needed for foster home service in small multiple function agency near New York. Start at $2400 to $2700 depending on experience. 8653 Survey.

WORKERS WANTED

CASEWORKERS (two): Male or female, salary range up to $3,000, depending upon qualifications. Challenging opportunity. Family & Children's Service, 602 S. Cheyenne, Tulsa, Oklahoma.

STENOGRAPHIC ASSISTANT (WOMAN) FOR ADMINISTRATIVE STAFF OF THE FRONTIER NURSING SERVICE IN THE KENTUCKY MOUNTAINS. SEND DATA SHEET TO AGNES LEWIS, EXECUTIVE SECRETARY, WENDOVER, KENTUCKY.

SUPERVISOR for a Social Service Department in a large Hospital in Brooklyn. Qualifications: Academic training and experience in Supervision. Salary commensurate with experience—minimum $3580. 8635 Survey.

HAWAII! ! ! Groupworker wanted for job as Program Director, Teen-Age Work, in Kauai County, Y. W. C. A. Salary range $2400 to $3000 (substantial adjustments in preparation). Require trained and/or experienced groupworker. Write Margaret Cuenod, Box 308, Lihue, Kauai, T.H., sending picture and qualifications.

SUPERVISOR, man or woman, for child guidance agency where treatment is carried mainly by psychiatric social workers, under immediate and close supervision of an outstanding nationally known psychiatrist. Experience in a child guidance agency or related psychiatric work desirable. Interesting and challenging opportunity. Apply Jewish Child Guidance Bureau, 682 High Street, Newark, New Jersey.

CASEWORKERS—Catholic Family and Child Care Agency has two staff vacancies. Salary in accordance with professional training and experience. Opportunity for advancement. At least one year's graduate training required. Catholic Welfare Bureau, 855 South Figueroa Street, Los Angeles 14, California.

CASE WORKER for Family Department and **CASE WORKER-SUPERVISOR** for Children's Department in small multiple-service agency. Excellent opportunity and salary for qualified and experienced persons. Write Jewish Social Service Association, 2218 North 3rd Street, Milwaukee 12, Wisc.

ATHLETIC DIRECTOR with group work training and experience in agency located in Negro-White neighborhood carrying on interracial program. Position open January 1, 1948. Write Maurice McCrackin, Findlay Street Neighborhood House, 916 Poplar Street, Cincinnati 14, Ohio.

SAN FRANCISCO CATHOLIC SOCIAL SERVICE HAS OPENINGS FOR PROFESSIONALLY QUALIFIED FAMILY AND CHILD WELFARE CASE WORKERS.

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SENIOR CASEWORKER possessing supervisory talents. Reorganization job in children's division of merged children's and family agency. Excellent personnel practices. Member National Retirement Association. Salary range $2700-$3000. Experience and training in child welfare preferred. Want progressive person. Children and Family Service Association, 1126 Chapline Street, Wheeling, West Virginia.

CASEWORKER with graduate training wanted for interesting work in foster care agency. Limited caseload. Salary commensurate with training and experience. Richmond Children's Aid Society, Allison Building, Richmond, Va.

CASEWORKERS (2), graduate training and experience. Starting salary $2800 or higher depending on individual qualifications. Write: Michigan Children's Aid Society, 401 C. I. O. Building, Flint 3, Michigan.

CASEWORKER for Protestant Children's Agency (accredited) having institutional and foster home program. Large midwestern city. Must have completed graduate training and be ready for some supervisory responsibility. Opportunity for advancement. Write giving qualifications and salary expected. 8645 Survey.

CASEWORKERS for national agency with multiple service program for adjustment of foreign born in U. S.: M. S. degree required; salary range $2700-$3925; appointment within range depending on experience. Promotion opportunities. Knowledge of German or Yiddish desirable. Write or telephone United Service for New Americans, Inc., 15 Park Row, New York 7, N. Y., CO 7-9700.

WORKERS WANTED

HOSTESS AND PRACTICAL NURSE position in Girls' Residence, knowledge of nutrition necessary. Salary $150 monthly, plus full maintenance. Contact Clara de Hirsch Residence, 225 East 63 Street, New York City. Rh. 4-7960.

CASE SUPERVISOR: Male or female. Minimum requirements include MSS from accredited school with previous supervisory experience in agency handling family or children's casework program. Salary up to $4,200. Challenging opportunity. Family & Children's Service, 602 South Cheyenne, Tulsa, Oklahoma.

CASEWORKER—SUPERVISOR — for job leading to full supervision. Position soon. Must have completed graduate training, have interest in supervision, and have had substantial casework experience in agency of high standards. Opening January 1. Family and Children's Service, Inc., 313 S. E. Second Street, Evansville, Indiana.

SOCIAL SERVICE WORKER (WOMAN) FOR FRONTIER NURSING SERVICE IN THE KENTUCKY MOUNTAINS. FOR INFORMATION WRITE AGNES LEWIS, EXECUTIVE SECRETARY, WENDOVER, LESLIE CO., KENTUCKY.

SITUATIONS WANTED

EXECUTIVE position desired with children's institution or child placing agency. Male, protestant, school of social work graduate. Particularly interested in a program for emotionally disturbed children. Ten years executive experience, now employed. 8644 Survey.

ADMINISTRATIVE ASSISTANT. Mature man. Experience in social work theory and practice. Wants challenging situation in New York City or vicinity in guidance clinic, private school, or youth program. References. 8648 Survey.

M.A., SOCIAL WORK, male, married, veteran, 6 years experience as caseworker in Family and Psychiatric settings. Familiar with psychometric techniques. Some administrative experience. Desire interesting and challenging position. No limit to field or location. Minimum salary considered $3200. Available first of year. 8646 Survey.

P.S.W. Supervisory or administrative responsibility. 10 years experience. Especially qualified in work with children. Interested in mental hygiene, juvenile delinquency, community organization. N.Y.C. preferred. Available January. 8647 Survey.

COMMUNITY ORGANIZER with administrative experience wants position, New York City, with social, liberal or educational organization. Trained social worker, no objection to some traveling. 8649 Survey.

EXECUTIVE—MEDICAL AND PSYCHIATRIC SOCIAL WORK. Trained. Supervisor Director experience hospital medical school teaching affiliation. Available Spring. 8651 Survey.

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